

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089548

**Entity Name:** ACCESS REHAB & REJUVENATION LLC

**Current Principal Place of Business:**

6735 CONROY RD  
STE 232  
ORLANDO, FL 32836

**Current Mailing Address:**

690 NE 3RD AVE  
SUITE 104  
CRYSTAL RIVER, FL 34428 UN

**FEI Number:** 27-0939885

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KALAKATA, VIJAYASEKHARA R  
690 NE 3RD AVE, STE 104  
CRYSTAL RIVER, FL 34428 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            KALAKATA, VIJAYASEKHARA RMD  
Address        690 NE 3RD AVE  
City-State-Zip: CRYSTAL RIVER FL 34428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KALAKATA , VIJAYASEKHARA RMD

MD

03/17/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date