**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 11, 2015**
**Secretary of State**
**CC0313049607**

DOCUMENT# L10000099188

**Entity Name:** DEVSOF REHAB LLC

**Current Principal Place of Business:**

419 THUNDER GULCH CT
ORLANDO, FL 32824

**Current Mailing Address:**

419 THUNDER GULCH CT
ORLANDO, FL 32824

**FEI Number: 27-3540968**

**Certificate of Status Desired:** No

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

PATEL, PAYAL J
419 THUNDER GULCH CT
ORLANDO, FL 32824 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 | MGRM |
| Name | PATEL, PAYAL J |
| Address | 419 THUNDER GULCH CT |
| City-State-Zip: | ORLANDO FL 32824 |

*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: PAYAL PATEL MGRM 01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date