2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2024
Secretary of State
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Entity Name: BROOKS HALIFAX REHABILITATION SERVICES, LLC

Current Principal Place of Business:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216 US

FEI Number: 27-3655818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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	DCP
Name	BAER, DOUGLAS
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR, SECRETARY, TREASURER, VP
Name	TABOR, J. BRITTON
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP, DIRECTOR
Name	DERIENZO, VICTOR
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	SERKIN, HOWARD C
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP, DIRECTOR
Name	ROBERTS, KRIS
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	MANN, ERIC
Address	3599 UNIVERSITY BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

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: DOUGLAS M BAER CHAIRMAN 04/24/2024

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