

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105611

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:**PASCOE, BEVERLY A
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 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
Name JOHNSON, BRUCE M
Address 3599 UNIVERSITY BOULEVARD,
SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, SECRETARY,
TREASURER
Name CURRAN, DANIEL R
Address 3599 UNIVERSITY BOULEVARD,
SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title DVP
Name SPIGEL, MICHAEL
Address 3599 UNIVERSITY BLVD. S.
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SERKIN, HOWARD C
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****04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date