## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000044438

**Entity Name: REHAB SPECIALITY CENTER LLC** 

**Current Principal Place of Business:** 

3115 W COLUMBUS DR SUITE 103 TAMPA, FL 33607

## **Current Mailing Address:**

3115 W COLUMBUS DR SUITE 103 TAMPA, FL 33607 US

FEI Number: 45-1864352 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DIAZ, YSMARAY 3115 W COLUMBUS DR SUITE 103 TAMPA, FL 33607 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: YSMARAY DIAZ 03/29/2018

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name DIAZ, YSMARAY

Address 3115 W COLUMBUS DR

SUITE 103

City-State-Zip: TAMPA FL 33607

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: YSMARAY DIAZ OWNER 03/29/2018

FILED Mar 29, 2018

**Secretary of State** 

CC2421747172