

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000007362

**Entity Name:** COLONIAL HEALTH & REHAB, LLC

**Current Principal Place of Business:**

13730 WHISPERING LAKES LANE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

13730 WHISPERING LAKES LANE  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 45-4778578

**Certificate of Status Desired:** No

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

RODOWICZ, JOSEPH S JR.  
13730 WHISPERING LAKES LANE  
WEST PALM BEACH, FL 33418 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 DARIGAN, ROBERT J  
Address 74 LENNY'S LANE  
City-State-Zip: HAMPTON CT 06247

Title MGRM  
Name RODOWICZ, CURTIS S  
Address 318 EAST HADDAM COLCHESTER  
TURNPIKE  
City-State-Zip: EAST HADDAM CT 06423

*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:** CURTIS RODOWICZ

**PRESIDENT**

**03/07/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date