

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000145603

Entity Name: DELRAY REHAB CENTERS LLC

Current Principal Place of Business:

306 NE 2ND STREET
SUITE 20
DELRAY BEACH, FL 33483

Current Mailing Address:

269 NE 2ND AVENUE
#39
DELRAY BEACH, FL 33444 US

FEI Number: 47-1855166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HVA CORPORATION
269 NE 2ND AVENUE
#39
DELRAY BEACH, FL 33444 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: HAROLD VAN ARNEM

04/22/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HVA CORPORATION
Address 269 NE 2ND AVENUE
#39
City-State-Zip: DELRAY BEACH FL 33444

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: HAROLD VAN ARNEM

PRESIDENT

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date