

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000126562

**Entity Name:** MS. REHAB LLC

**Current Principal Place of Business:**

3791 NE 180TH AVE  
WILLISTON, 32696

**Current Mailing Address:**

PO BOX 945  
WILLISTON, FL 32696 UN

**FEI Number:** 47-4647662

**Certificate of Status Desired:** No

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

PINKSTON, CRYSTAL  
3791 NE 180TH AVE  
WILLISTON, FL 32696 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 MGR  
Name PINKSTON, CRYSTAL  
Address 3791 NE 180TH AVE  
City-State-Zip: WILLISTON FL 32696

*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:** CRYSTAL PINKSTON

MGR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date