2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2025
Secretary of State
9359250111CC

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: NOT APPLICABLE

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	Title	MGR
Name	PINKSTON, CRYSTAL	Name	PINKSTON, DANIEL
Address	PO BOX 945	Address	PO BOX 945
City-State-Zip:	WILLISTON 32696	City-State-Zip:	WILLISTON 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 04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date