

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000161719

Entity Name: PSL REHABILITATION AND HEALTHCARE HOLDINGS LLC

Current Principal Place of Business:

7300 OLEANDER AVE.
PORT ST. LUCIE , FL 34952

Current Mailing Address:

17001 NE 6 AVE
MIAMI, FL 33162 US

FEI Number: 81-4075337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 STROHLI, ELI
Address 17001 NE 6 AVE
City-State-Zip: MIAMI FL 33162

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: ELI STROHLI

MGR

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date