

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000077580

Entity Name: HAPPY ADULT DAY CARE REHAB. LLC

Current Principal Place of Business:

7463 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33076

Current Mailing Address:

7463 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33076 US

FEI Number: 82-1954996

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOSHI, ANNU
7546 NW 116TH LANE
PARKLAND, FL 33076 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 AP
Name JOSHI, ANNU
Address 7463 WEST SAMPLE ROAD
City-State-Zip: CORAL SPRINGS FL 33076

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: ANNU JOSHI

ADMINISTRATOR

02/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date