2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2018
Secretary of State
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Entity Name: 5 POINTS REHAB LLC

Current Principal Place of Business:

3760 UNIVERSITY BLVD S.
MAIN OFFICE
JACKSONVILLE, FL 32216

Current Mailing Address:

3760 UNIVERSITY BLVD S.
MAIN OFFICE
JACKSONVILLE, FL 32216 US

FEI Number: 82-1802098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEPA, GJOVANI
3760 UNIVERSITY BLVD S
MAIN OFFICE
JACKSONVILLE, FL 32216 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	PEPA, GJOVANI
Address	3760 UNIVERSITY BLVD S
City-State-Zip:	JACKSONVILLE FL 32216

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: GJOVANI PEPA MANAGER 01/20/2018

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