

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000252173

**Entity Name:** REHAB SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

327 W. LANTANA ROAD  
SUITE: WELLCARE  
LANTANA, FL 33462

**Current Mailing Address:**

327 W. LANTANA ROAD  
SUITE: WELLCARE  
LANTANA, FL 33462 US

**FEI Number:** 82-3653495

**Certificate of Status Desired:** No

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

JABER, TALIB  
327 W. LANTANA ROAD  
SUITE: WELLCARE  
LANTANA, FL 33462 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	JABER, TALIB	Name	SANZ , CARMEN
Address	327 W. LANTANA ROAD SUITE: WELLCARE	Address	327 W. LANTANA ROAD SUITE: WELLCARE
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462

*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:** JABER, TALIB

**MANAGER**

**03/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date