

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000107789

Entity Name: ACTIVE REHABILITATION II, LLC

Current Principal Place of Business:

8477 S. SUNCOAST BOULEVARD
HOMOSASSA, FL 34446

Current Mailing Address:

8477 S. SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 US

FEI Number: 82-5505811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALDROP, MARK
8477 S. SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 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 THERAPY MANAGEMENT CORPORATION
Address 8477 S. SUNCOAST BOULEVARD
City-State-Zip: HOMOSASSA FL 34446

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: TRINA FISK

CFO

01/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date