

**2019 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:** MARK WALDROP

D

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date