2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
4106244087CC

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Entity Name: CRYSTAL HEALTH AND REHAB CENTER, LLC

Current Principal Place of Business:

99 W HAWTHORNE AVE STE L 10
VALLEY STREAM, NY 11580

Current Mailing Address:

99 W HAWTHORNE AVE STE L 10
VALLEY STREAM, NY 11580

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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	AMBR
Name	STONEMED PLANTATION, LLC
Address	99 W HAWTHORNE AVE STE L 10
City-State-Zip:	VALLEY STREAM NY 11580

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: DOVI KOHN MANAGER 05/01/2019

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