

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000111903

Entity Name: CRYSTAL HEALTH AND REHAB CENTER, LLC

Current Principal Place of Business:

945 N CENTRAL AVE
WOODMERE, NY 11598

Current Mailing Address:

945 N CENTRAL AVE
WOODMERE, NY 11598 US

FEI Number: 83-0780912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLATINUM AGENT SERVICES LLC
155 OFFICE PLAZA DR
SUITE D
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 945 N CENTRAL AVE
City-State-Zip: WOODMERE NY 11598

Title AUTHORIZED SIGNER
Name WALDEN, JAKE
Address 945 N CENTRAL AVE
City-State-Zip: WOODMERE NY 11598

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: YISROEL CHAFETZ

AUTHORIZED PERSON

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date