

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000134460

**Entity Name:** 441 REHAB CENTER LLC

**Current Principal Place of Business:**

2482 N STATE ROAD 7  
MARGATE, FL 33063

**Current Mailing Address:**

2482 N STATE ROAD 7  
MARGATE, FL 33063 US

**FEI Number:** 83-0739766

**Certificate of Status Desired:** No

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

A.R.S. & ASSOCIATES INC  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180 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 MGRM  
Name MATUTE, VICTOR  
Address 2482 N STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

*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:** VICTOR MATUTE

MGRM

08/23/2019

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

\_\_\_\_\_ Date