

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000177781

Entity Name: INJURY AND REHAB CENTERS OF NORTH FLORIDA, LLC

Current Principal Place of Business:

2880 CAPITAL MEDICAL BLVD
SUITE 2
TALLAHASSEE, FL 32308

Current Mailing Address:

1008 JULIETTE BLVD
MOUNT DORA, FL 32757

FEI Number: 83-1324633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VON BARGEN, WILLIAM F JR
1008 JULIETTE BLVD
MOUNT DORA, FL 32757 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: WILLIAM VON BARGEN

04/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name VON BARGEN, WILLIAM F JR
Address 1008 JULIETTE BLVD
City-State-Zip: MOUNT DORA FL 32757

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: WILLIAM F VON BARGEN, JR

AMBR

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date