2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2021
Secretary of State
8160149328CC

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

Current Principal Place of Business:

2268 WEDNESDAY ST
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 04/19/2021

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 VON BARGEN PRESIDENT 04/19/2021

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