

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000124641

Entity Name: AUTO ACCIDENT HEALTH & REHAB, LLC

Current Principal Place of Business:

6500 W. COLONIAL DR
STE C
ORLANDO, FL 32818

Current Mailing Address:

6500 W. COLONIAL DR
STE C
ORLANDO, FL 32818

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERENFANT, KETTIA C DR
568 DOE COVE PL
APOPKA, FL 32703 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 MGR
Name CHERENFANT, KETTIA C DR
Address 568 DOE COVE PL
City-State-Zip: APOPKA FL 32703

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: KETTIA CHERENFANT

MGR

04/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date