

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000287124

Entity Name: COLONIAL POST REHAB CENTER LLC

Current Principal Place of Business:

2675 WINKLER AVE
100
FORT MYERS, FL 33901

Current Mailing Address:

2675 WINKLER AVE
100
FORT MYERS, FL 33901 US

FEI Number: 85-3136623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAPTISTE, CASSANDRE
2675 WINKLER AVE
100
FORT MYERS, FL 33901 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 BAPTISTE, CASSANDRE
Address 2675 WINKLER AVE, 100
City-State-Zip: FORT MYERS FL 33901

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: CASSANDRE BAPTISTE

OWNER

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date