2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2022
Secretary of State
2327363196CC

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Entity Name: PONCE THERAPY SNF LLC

Current Principal Place of Business:

400 RELLA BLVD, STE 200
MONTEBELLO, NY 10901

Current Mailing Address:

400 RELLA BLVD, STE 200
MONTEBELLO, NY 10901

FEI Number: 85-4239723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VCORP SERVICES, LLC
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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	AMBR	Title	MGR
Name	SCHEINER, MOSHE	Name	SCHEINER, MOSHE
Address	400 RELLA BLVD, STE 200	Address	400 RELLA BLVD, STE 200
City-State-Zip:	MONTEBELLO NY 10901	City-State-Zip:	MONTEBELLO NY 10901

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: SCHEINER , MOSHE AMBR 04/05/2022

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