

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000000297

**Entity Name:** BAPTIST HEALTH REHABILITATION HOSPITAL, LLC

**Current Principal Place of Business:**

330 SEVEN SPRINGS WAY  
BRENTWOOD, TN 37027

**Current Mailing Address:**

330 SEVEN SPRINGS WAY  
BRENTWOOD, TN 37027 US

**FEI Number: 86-1206112**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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            PRESIDENT  
Name            GROOMS, MICHAEL J.  
Address         330 SEVEN SPRINGS WAY  
City-State-Zip: BRENTWOOD TN 37027

Title            MANAGER  
Name            CHC MANAGEMENT SERVICES, LLC  
Address         330 SEVEN SPRINGS WAY  
City-State-Zip: BRENTWOOD TN 37027

*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: MICHAEL J. GROOMS**

**PRESIDENT**

**04/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date