

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000000297

Entity Name: BAPTIST HEALTH REHABILITATION HOSPITAL, LLC

Current Principal Place of Business:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

Current Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

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 DIRECTOR
Name BAILEY , RUSS
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name HARALSON, CLEVE
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name HERNANDEZ, REYNA
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MANN, MARTY
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name ORTIZ, NATE
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name TOLCHIN, RONALD
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

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: RUSS BAILEY

DIRECTOR

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date