

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000517131

**Entity Name:** AUTHENTIC REHAB LLC

**Current Principal Place of Business:**

2844 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414

**Current Mailing Address:**

2844, SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 US

**FEI Number:** 87-3983032

**Certificate of Status Desired:** No

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

KORIPALLI CHIRANJEEV, SANDHYA  
2844 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 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 AR  
Name KORIPALLI CHIRANJEEV, SANDHYA  
Address 2844 SHAUGHNESSY DRIVE  
City-State-Zip: WELLINGTON FL 33414

*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:** SANDHYA KORIPALLI CHIRANJEEVI

**OWNER**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date