

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L24000043559

**Entity Name:** NEW LIFE REHAB CENTER LLC

**Current Principal Place of Business:**

1502 W BUSCH BLVD  
SUITE B  
TAMPA, FL 33612

**Current Mailing Address:**

1502 W BUSCH BLVD  
SUITE B  
TAMPA, FL 33612 US

**FEI Number:** 99-1080914

**Certificate of Status Desired:** No

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

SANCHEZ, JESSICA  
1502 W BUSCH BLVD  
SUITE B  
TAMPA, FL 33612 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:** JESSICA SANCHEZ

04/09/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name SANCHEZ, JESSICA  
Address 1502 W BUSCH BLVD  
SUITE B  
City-State-Zip: TAMPA FL 33612

*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:** JESSICA SANCHEZ

P

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date