

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007090

Entity Name: ARGOSY HEALTH, LLC

Current Principal Place of Business:

4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055

Current Mailing Address:

4714 GETTYSBURG ROAD
LEGAL
MECHANICSBURG, PA 17055

FEI Number: 04-3436823

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 CHERNOW, DAVID S
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title VP, SECRETARY, DIRECTOR
Name TARVIN, MICHAEL E
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title VPTS
Name ROMBERGER, SCOTT A
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title VP
Name DUGGAN, JOHN F
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

Title MANAGER
Name KESSLER REHAB CENTERS, INC.
Address 4714 GETTYSBURG ROAD
City-State-Zip: MECHANICSBURG PA 17055

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 E TARVIN

SECRETARY

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date