#### **2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005409

Entity Name: BLOUNTSTOWN REHABILITATION CENTER, LLC

FILED Feb 24, 2022 Secretary of State 9249811742CC

### **Current Principal Place of Business:**

17884 NE CROZIER STREET BLOUNTSTOWN. FL 32424

### **Current Mailing Address:**

101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY, FL 32707 US

FEI Number: 38-3854685 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 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 MANAGER, (MANAGER-MANAGED)

Name SOUTHERN HEALTHCARE

MANAGEMENT, LLC

Address 101 SUNNYTOWN ROAD

SUITE 201

City-State-Zip: CASSELBERRY FL 32707

SIGNATURE: NORMA ALEXANDER

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.

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED SIGNER

02/24/2022

Date