

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010889

**Entity Name:** ARCH REHAB OPERATIONS LLC

**Current Principal Place of Business:**

1000 GATES AVE., 5TH FL  
BROOKLYN, NY 11221

**Current Mailing Address:**

1000 GATES AVE., 5TH FL  
BROOKLYN, NY 11221

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 S. STATE ROAD 7, STE. 106  
DAVIE, FL 33314 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	MBR	Title	MBR
Name	GUTMAN, SAMUEL	Name	GUTMAN, MALKA
Address	1541 46TH ST.	Address	1541 46TH ST.
City-State-Zip:	BROOKLYN NY 11219	City-State-Zip:	BROOKLYN NY 11219

*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:** GUTMAN , SAMUEL

MEMBER

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date