

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000004387

Entity Name: WOODLAND GROVE HEALTHCARE & REHABILITATION CENTER LLC

Current Principal Place of Business:

4325 SOUTHPOINT BLVD
JACKSONVILLE, FL 33216-6106

Current Mailing Address:

400 RELLA BLVD
MONTEBELLO, NY 10901 US

FEI Number: 88-1467125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERSTATE AGENT SERVICES, LLC
100 SE 2ND STREET STE 200 #209
MIAMI, FL 33131 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 MGBM
Name WOODLAND GROVE SNF HOLDCO
 LLC
Address 400 RELLA BLVD
City-State-Zip: MONTEBELLO NY 10901

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: WOODLAND GROVE SNF HOLDCO LLC

MGBM

03/22/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date