

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011006

**Entity Name:** PAM REHABILITATION HOSPITAL OF JUPITER LLC

**Current Principal Place of Business:**

1828 GOOD HOPE RD STE 102  
ENOLA, PA 17025

**Current Mailing Address:**

1828 GOOD HOPE RD STE 102  
ENOLA, PA 17025

**FEI Number: 85-3967068**

**Certificate of Status Desired: Yes**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 MGR  
Name TRIMBLE, APRIL L  
Address 1828 GOOD HOPE RD STE 102  
City-State-Zip: ENOLA PA 17025

*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: APRIL L TRIMBLE**

**DIRECTOR OF FINANCE**

**04/30/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date