

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

L902

1406784.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
11/4/2024 12:00:00 AM  
Fee receipt: \$90

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

**QUALITY CARE REHAB, LLC**

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **3/17/1995** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**8477 S. SUNCOAST BLVD,, HOMOSASSA, FL 34446**

6. The name of the initial registered agent is

**CORPORATION SERVICE COMPANY**

and the street address of the entity's initial registered office in Kentucky is

**421 MAIN STREET, FRANKFORT, KY 40601**

7. The names and business addresses of the entity's representatives:

<b>Manager</b>	DREAMA WALDROP	8477 SUNCOAST BLVD., HOMOSASSA, FL 34446
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<b>Organizer</b>	DREAMA WALDROP	8477 SUNCOAST BLVD., HOMOSASSA, FL 34446
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8. This entity is managed by **Managers**.

9. This filing will be effective on **Monday, November 4, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **MANAGER: DREAMA WALDROP**

I, **CORPORATION SERVICE COMPANY**, consent to sign for **CORPORATION SERVICE COMPANY** who serves as the

Registered Agent on behalf of this entity on N  
2024.

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