







STATE OF IDAHO

Office of the secretary of state, Phil McGrane

FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005705053

Date Filed: 4/26/2024 1:27:43 PM

Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

Expedited (+\$40; filing fee \$140)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Entity name

Foreign Limited Liability Company

QUALITY REHAB MANAGEMENT, LLC

QUALITY REHAB MANAGEMENT, LLC

2. Home Jurisdiction

The jurisdiction of formation is:

NEW YORK

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address None

5. The complete street address of the principal office is:

Principal Office Address

5057 KELLER SPRINGS ROAD

STE 150

ADDISON, TX 75001

6. The mailing address of the principal office is:

Mailing Address

5057 KELLER SPRINGS RD

STE 150

ADDISON, TX 75001-6217

7. Registered Agent Name and Address

Registered Agent

Registered Agent

RIVERSIDE FILINGS LLC

Physical Address:

1555 W. SHORELINE DRIVE

SUITE 100 BOISE, ID 83702 Mailing Address:

1555 W SHORELINE DR

STE 100

BOISE, ID 83702-9107

☑ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
SHIYA FRIEDMAN	MANAGER	5057 KELLER SPRINGS RD STE 150 ADDISON, TX 75001-6217

Signature of individual authorized by the entity to sign:



SHIYA FRIEDMAN	04/26/2024
Sign Here	Date
Job Title: MANAGER	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: QUALITY REHAB MANAGEMENT, LLC

DOS ID Number: 5413526

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/20/2018

Statement Status: CURRENT

Statement Due Date: 09/30/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 09/20/2018

Entity Name: QUALITY REHAB MANAGEMENT, LLC

Document Type: CERTIFICATE OF CHANGE

Date of Filing: 12/02/2020

Document Type:BIENNIAL STATEMENT

Date of Filing: 04/05/2022 **Effective Date:** 09/01/2020

Document Type: BIENNIAL STATEMENT

Date of Filing: 03/28/2023 **Effective Date:** 09/01/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 26, 2024 at 03:23 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes
Executive Deputy Secretary of State

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