


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000007843
 1. Entity Name
 OCALA HEALTH AND REHABILITATION, L.L.C.



Principal Place of Business 931 FAIRFAX PARK TUSCALOOSA, AL 35406	Mailing Address 931 FAIRFAX PARK TUSCALOOSA, AL 35406
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 63-1284539	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORTHPORT HEALTH SERVICES OF FLA 931 FAIRFAX TUSCALOOSA, AL 35406
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 02/12/08-80080-013-143.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Jennifer M. Roedelberger 1/31/08 205-343-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #