

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007843

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** OCALA HEALTH AND REHABILITATION, L.L.C.

**Current Principal Place of Business:**

931 FAIRFAX PARK  
TUSCALOOSA, AL 35406

**New Principal Place of Business:**

**Current Mailing Address:**

931 FAIRFAX PARK  
TUSCALOOSA, AL 35406

**New Mailing Address:**

FEI Number: 63-1284539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NORTHPORT HEALTH SERVICES OF FLA  
Address: 931 FAIRFAX  
City-St-Zip: TUSCALOOSA, AL 35406

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CLAUDE E. LEE

MGRM

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date