2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007844

1. Entity Name
CRYSTAL RIVER HEALTH AND REHABILITATION, L.L.C.

Principal Place of Business	Mailing Address
931 FAIRFAX PARK TUSCALOOSA, AL 35406	931 FAIRFAX PARK TUSCALOOSA, AL 35406

DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
63-1284541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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)

Filing Fee is $50.00
Due by May 1, 2004

U00000127120
04/23/04-80055-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NORTHPORT HEALTH SERVICES OF FLORIDA, LLC
STREET ADDRESS	931 FAIRFAX PARK
CITY-ST-ZIP	TUSCALOOSA, AL 35406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christopher R Driver, ASST CONTROLLER 4/22/04 205-391-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #