

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089131

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** EMERALD COAST REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

114 3RD STREET SOUTH EAST  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

1675 PALM BEACH LAKES BLVD  
SUITE 900  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

C/O 1675 PALM BEACH LAKES BLVD  
SUITE 900  
WEST PALM BEACH, FL 33401

**FEI Number:** 26-3411532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVE  
SUITE 1550  
ST. PETERSBURG, FL 33701 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: MADONNA, HARRY DILLON  
Address: TWO BALA PLAZA, SUITE 300  
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: MGRM  
Name: ADMINISTRATOR  
Address: 360 CENTRAL AVENUE, SUITE 1550  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM  
Name: DIRECTOR OF NURSING  
Address: 360 CENTRAL AVENUE, SUITE 1550  
City-St-Zip: ST. PETERSBURG, FL 33701

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: HARRY DILLON MADONNA

MGRM

04/25/2011

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