

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007844

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

Current Principal Place of Business:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

Current Mailing Address:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

FEI Number: 63-1284541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title MGRM
Name NORTHPORT HEALTH SERVICES OF
FLORIDA, LLC
Address 931 FAIRFAX PARK
City-State-Zip: TUSCALOOSA AL 35406

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORTHPORT HEALTH SERVICES OF FLORIDA, LLC MGRM

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date