

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000029983

Entity Name: NEUROREHAB AT CEDAR CREEK, LLC

Current Principal Place of Business:

50 A1A N.
SUITE 110
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

50 A1A N.
SUITE 110
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 46-2130305

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELAH MANAGEMENT GROUP, LLC
50 A1A N.
SUITE 110
PONTE VEDRA BEACH, FL 32082 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 MGR
Name FILIPPONE, WILLIAM T
Address 50 A1A N., SUITE 110
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name PARRISH, ALAN
Address 50 A1A N., SUITE 110
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: WILLIAM FILIPPONE

MANAGER

04/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date