

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001354

**Entity Name:** NORTH REHAB NH, L.L.C.

**Current Principal Place of Business:**

1301 16TH STREET NORTH  
ST. PETERSBURG, FL 33705-1034

**Current Mailing Address:**

C/O GREYSTONE HEALTHCARE MANAGEMENT CORP.  
4042 PARK OAKS BLVD., SUITE 300  
TAMPA, FL 33610 US

**FEI Number:** 13-4118708

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 GREYSTONE TRIBECA ACQUISITION,  
L.L.C.  
Address 152 W. 57TH STREET, 60TH FLOOR  
City-State-Zip: NEW YORK NY 10019

*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:** RON SWARTZ

VICE PRESIDENT

03/20/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date