

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000006139

FILED
Oct 05, 2006
Secretary of State

Entity Name: DESOTO HEALTH & REHAB, L.L.C.

Current Principal Place of Business:

1002 NORTH BREVARD AVE.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1002 NORTH BREVARD AVE.
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 59-3713423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTLEBERG, BENJAMIN D
1320 N. LAKE SHIPP DR. SW
SUITE 100
WINTER HAVEN, FL 33880 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: BEN CASTLEBERG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CASTLEBERG, PHILIP
Address: 1344 LONG HILL DR.
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: CASTLEBERG, BENJAMIN
Address: 1320 N LAKE SHIPP DR. SW, SUITE 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: BEN CASTLEBERG

MGR

10/05/2006

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