

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000006139

**FILED**  
**Aug 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

475 NURSING HOME DR.  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

475 NURSING HOME DR.  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 59-3713423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTLEBERG, BENJAMIN D  
141 E. CENTRAL AVE  
SUITE 300  
WINTER HAVEN, FL 33884 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:** BEN CASTLEBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CASTLEBERG, PHILIP  
**Address:** 141 E. CNTRL AVE STE 300  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** MGR  
**Name:** CASTLEBERG, BENJAMIN  
**Address:** 141 E. CNTRL AVE STE 300  
**City-St-Zip:** WINTER HAVEN, FL 33880

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:** BEN CASTLEBERG

MGR

08/07/2012

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