

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007844

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



Principal Place of Business
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

Mailing Address
931 FAIRFAX PARK
TUSCALOOSA, AL 35406



03242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1284541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NORTHPORT HEALTH SERVICES OF FLORIDA, LLC
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000281894
03/31/05-80020-024 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 806, Florida Statutes.

SIGNATURE: Christopher R. Davis, Asst Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/05

DATE

(205) 343-7363

DAYTIME PHONE #