

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90021 041 ****50.00

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1. Entity Name

ST. AUGUSTINE HEALTH AND REHABILITATION, L.L.C.



Principal Place of Business

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

Mailing Address

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

DO NOT WRITE IN THIS SPACE



03132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

63-1284540

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Joan W. Dockery Asst. Controller

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

4/26/06

Date

205-343-7322

Daytime Phone #