

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007845

FILED
Apr 29, 2010
Secretary of State

Entity Name: ST. AUGUSTINE HEALTH AND REHABILITATION, L.L.C.

Current Principal Place of Business:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

New Principal Place of Business:

Current Mailing Address:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

New Mailing Address:

FEI Number: 63-1284540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NORTHPORT HEALTH SERVICES OF FLORIDA,LLC
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

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: CLAUDE LEE

MGRM

04/29/2010

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