

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013417

FILED
Jul 27, 2004
Secretary of State

Entity Name: LEESBURG HEALTH & REHAB L.L.C.

Current Principal Place of Business:

715 E. DIXIE AVE.
LEESBURG, FL 347485926

New Principal Place of Business:

Current Mailing Address:

715 E. DIXIE AVE.
LEESBURG, FL 347485926

New Mailing Address:

FEI Number: 59-3726936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTLEBERG, PHILIP J
1344 LONGHILL DRIVE
APOPKA, FL 32712 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/MEMBERS:

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

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

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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

07/27/2004

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