2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L01000013417

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

Current Principal Place of Business:

715 E. DIXIE AVE.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

715 E. DIXIE AVE.
LEESBURG, FL 34748

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, BENJAMIN D
141 EAST CENTRAL AVE.
SUITE 340
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

CASTLEBERG, BENJAMIN D
141 EAST CENTRAL AVE.
SUITE 300
WINTER HAVEN, FL 33884 US

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 04/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASTLEBERG, PHILIP
Address: 141 E. CNTRL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR ( ) Delete
Name: CASTLEBERG, BENJAMIN
Address: 141 E. CNTRL AVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASTLEBERG, PHILIP
Address: 141 E. CNTRL AVE STE 300
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR (X) Change ( ) Addition
Name: CASTLEBERG, BENJAMIN
Address: 141 E. CNTRL AVE STE 300
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date