2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 04, 2010
Secretary of State

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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 300
WINTER HAVEN, FL 33884 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: BEN CASTTLEBERG

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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 Statues.

SIGNATURE: BEN CASTLEBERG MGR 10/04/2010

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