

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000013417

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

**FILED**  
**Nov 13, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

715 E. DIXIE AVE.  
LEESBURG, FL 34748

**New Principal Place of Business:**

141 E. CENTRAL AVE.  
STE 300  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

715 E. DIXIE AVE.  
LEESBURG, FL 34748

**New Mailing Address:**

141 E. CENTRAL AVE.  
STE 300  
WINTER HAVEN, FL 33880

**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:**

CASTLEBERG, BENJAMIN D  
141 EAST CENTRAL AVE.  
SUITE 300  
WINTER HAVEN, FL 33880 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

11/13/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MEM  
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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BEN CASTLEBERG

MGR

11/13/2014

Electronic Signature of Authorized Person

Date