

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043870

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** LIFECARE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

398 FREEMAN ST.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

398 FREEMAN ST.  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 20-0383187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, WILLIAM H  
398 FREEMAN STREET  
LONGWOOD, FL 32750 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: PRES  
Name: JOHNSON, WILLIAM H  
Address: 398 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: VP  
Name: JOHNSON, NANCY C  
Address: 398 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750

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: WILLIAM H JOHNSON

PRES

01/06/2012

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