

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069159

FILED
Jan 05, 2009
Secretary of State

Entity Name: EASTLAKE REHAB & CARE CENTER, LLC

Current Principal Place of Business:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 20-1165209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATKINS, BEN
1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 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: MGRM () Delete
Name: ATKINS, BEN
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM () Delete
Name: MORRISON, MARYA
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698 US

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 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 ATKINS

MGRM

01/05/2009

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