

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069159

FILED
Feb 14, 2011
Secretary of State

Entity Name: EASTLAKE REHAB & CARE CENTER, LLC

Current Principal Place of Business:

24641 US HWY 19 NORTH
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

24641 US HWY 19 NORTH
CLEARWATER, FL 33763 US

New Mailing Address:

FEI Number: 20-1165209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ATKINS, BEN
24641 US HWY 19 NORTH
CLEARWATER, FL 33763 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:

02/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ATKINS, BEN
Address: 24641 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM
Name: MORRISON, MARYA
Address: 24641 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 33763 US

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: BEN ATKINS

MGRM

02/14/2011

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