

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 01, 2010
Secretary of State

Entity Name: MADISON POINTE REHABILITATION AND HEALTH CENTER, LLC

Current Principal Place of Business:

6020 INDIANA AVENUE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

12555 BISCAYNE BLVD
#924
NORTH MIAMI, FL 33181

Current Mailing Address:

12555 BISCAYNE BLVD
#924
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 20-2111202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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
Name: ROOZ, EFRAIM
Address: 12555 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI, FL 33181

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: EFRAIM ROOZ

MGRM

04/01/2010

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