

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000091181

FILED
Feb 24, 2011
Secretary of State

Entity Name: BAYWEST HEALTH & REHAB, LLC

Current Principal Place of Business:

5432 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

5432 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 20-3474070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLETTI, BRIAN
5633 STATE ROAD 54
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

COLETTI, SCOTT
5633 STATE ROAD 54
NEW PORT RICHEY, FL 34652 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: SCOTT COLETTI

02/24/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COLETTI, BRIAN
Address: 5633 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGRM
Name: COLETTI, SCOTT
Address: 5633 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34652 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: SCOTT COLETTI

MGR

02/24/2011

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