2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

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Entity Name: WILLISTON REHABILITATION AND NURSING CENTER LLC

Current Principal Place of Business:

300 NW FIRST AVENUE
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

TZVI BOGOMILSKY
1835 NE MIAMI GARDENS DRIVE #368
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-4605957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: BOGOMILSKY, TZVI
Address: 7410 BEACHVIEW DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141 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 Statues.

SIGNATURE: TZVI BOGOMILSKY MBR 04/05/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date