2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2007
Secretary of State

DOCUMENT# L06000042355

Entity Name: APEX HEALTH AND REHAB CENTER, L.L.C.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY, SUITE 1401
JACKSONVILLE, FL 32216

New Principal Place of Business:

6789 SOUTHPOINT PARKWAY, SUITE 200
JACKSONVILLE, FL 322168205

Current Mailing Address:

6817 SOUTHPOINT PARKWAY, SUITE 1401
JACKSONVILLE, FL 32216

New Mailing Address:

6789 SOUTHPOINT PARKWAY, SUITE 200
JACKSONVILLE, FL 322168205

FEI Number: 20-4762089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ.
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202 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: MGR ( ) Delete
Name: RALSTON, NANCY
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1401
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RALSTON, NANCY
Address: 6789 SOUTHPOINT PARKWAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168205

Title: MGR ( ) Change (X) Addition
Name: SNYDER, LORRIE
Address: 6789 SOUTHPOINT PARKWAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168205

Title: MGR ( ) Change (X) Addition
Name: SPRIGGS, JAMES W III
Address: 6789 SOUTHPOINT PARKWAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168205

Title: MGR ( ) Change (X) Addition
Name: YOUNG, ROBERT G
Address: 6789 SOUTHPOINT PARKWAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168205

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRIE SNYDER MGR 01/02/2007

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