

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075991

FILED
Apr 21, 2010
Secretary of State

Entity Name: ATLANTIC COAST MEDICAL REHAB, LLC

Current Principal Place of Business:

12187 BEACH BLVD
STE 1
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

12187 BEACH BLVD
STE 1
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-0599492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YONG, FRANK J
4570 ST JOHNS AVE
STE 1A
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HAYES, DENNIS ESQ.
2320 THE WOODS DR. WEST
JACKSONVILLE, FL 32246 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: DENNIS HAYES

04/21/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ROSENSTEIN, SCOTT
Address: 149 SEA LILY LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 ROSENSTEIN

MGRM

04/21/2010

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