

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075991

FILED
Mar 02, 2012
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:

HAYES, DENNIS ESQ.
2320 THE WOODS DR. WEST
JACKSONVILLE, FL 32246 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: 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 03/02/2012

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