

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076004

FILED
Apr 22, 2009
Secretary of State

Entity Name: ATLANTIC COAST MEDICAL REHAB & PAIN MANAGEMENT, 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: 26-0599526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

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 () Delete
Name: ROSENSTEIN, SCOTT
Address: 149 SEA LILY LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT ROSENSTEIN

MGRM

04/22/2009

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