

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 08, 2010
Secretary of State

Entity Name: HCR MANORCARE MEDICAL SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

540 KINGSLEY AVE., STE 540
ORANGE PARK, FL 32073

New Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604

Current Mailing Address:

333 N. SUMMIT STREET
TAX-5
TOLEDO, OH 43604

New Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604

FEI Number: 65-0666550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HEARTLAND REHABILITATION SERVICES, LLC
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604

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: LAURA LOUIS

POA

04/08/2010

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