

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089232

FILED
Apr 26, 2010
Secretary of State

Entity Name: UNIVERSITY WEST REHABILITATION CENTER, LLC

Current Principal Place of Business:

545 WEST EUCLID AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

100 SECOND AVE
SUITE 901 S
ST. PETERSBURG, FL 33701

New Mailing Address:

1675 PALM BEACH LAKES BLVD
SUITE 900
WEST PALM BEACH, FL 33401

FEI Number: 26-3412294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVE
SUITE 1550
ST. PETERSBURG, FL 33701 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: MADONNA, HARRY D
Address: 360 CENTRAL AVE SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM
Name: ADMINISTRATOR,
Address: 545 WEST EUCLID AVE
City-St-Zip: DELAND, FL 32720

Title: MGRM
Name: DON,
Address: 545 WEST EUCLID AVE
City-St-Zip: DELAND, FL 32720

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: HARRY D MADONNA

MGRM

04/26/2010

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