2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

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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:

C/O 1675 PALM BEACH LAKES BLVD
SUITE 900
WEST PALM BEACH, FL 33401

New Mailing Address:

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: JAFFE, HOWARD
Address: TWO BALA PLAZA, SUITE 300
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: MGRM
Name: ADMINISTRATOR,
Address: 360 CENTRAL AVENUE, SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM
Name: DIRECTOR OF NURSING
Address: 360 CENTRAL AVENUE, SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701

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 Statues.

SIGNATURE: HOWARD JAFFE MGR 04/16/2012

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