2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

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Entity Name: JASPER PHYSICAL THERAPY AND REHAB CENTER, LLC

Current Principal Place of Business:

2324 SOUTH CONGRESS AVE
SUITE 1J
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2324 SOUTH CONGRESS AVE
SUITE 1J
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 26-3441879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH WILLIAMS D.C.
2324 S. CONGRESS AVENUE, SUITE 1J
WEST PALM BEACH, FL 33406 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: WILLIAMS, BETH D.C.
Address: 2324 SOUTH CONGRESS AVE #1 J
City-St-Zip: WEST PALM BEACH, FL 33406

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: BETH WILLIAMS DR 04/16/2012

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