

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010597

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** COURTYARD GARDENS REHABILITATION CENTER, L.L.C.

**Current Principal Place of Business:**

THE ATRIUM  
17781 THELMA AVE.  
JUPITER, FL 33458 US

**New Principal Place of Business:**

17781 THELMA AVE.  
JUPITER, FL 33458 US

**Current Mailing Address:**

THE ATRIUM  
17781 THELMA AVE.  
JUPITER, FL 33458 US

**New Mailing Address:**

17781 THELMA AVE.  
JUPITER, FL 33458 US

**FEI Number:** 26-4174294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

PECK, DEBORAH C  
631 US HIGHWAY 1  
SUITE 303  
NORTH PALM BEACH, FL 33408 US

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: DEBORAH C. PECK

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PECK, GEORGE C MD  
Address: 631 US HIGHWAY 1, SUITE 303  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: GEORGE C. PECK, MD

MGRM

04/01/2010

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