

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068447

FILED
Feb 26, 2011
Secretary of State

Entity Name: CENTERS 4 HEALTH, L.L.C.

Current Principal Place of Business:

23336 KEY LARGO LOOP
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

23336 KEY LARGO LOOP
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REVENUE CYCLE CONSULTING GROUP, INC.
23336 KEY LARGO LOOP
LAND O LAKES, FL 34639 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: REVENUE CYCLE CONSULTING GROUP, INC.
Address: 23336 KEY LARGO LOOP
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM
Name: C&L HOLDINGS, LLC
Address: 1209 MACON DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGRM
Name: J & D REHAB SERVICES, INC.
Address: 3065 GREEN TURTLE CIRCLE
City-St-Zip: MIMS, FL 32754 US

Title: MGRM
Name: ALEXANDER, LISA
Address: 1700 WEST CARRIAGE DRIVE
City-St-Zip: TITUSVILLE, FL 32796

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: DAVID J. GUNSTEENS

MGRM

02/26/2011

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