

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022977

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** VOLUSIA HEALTH AND REHAB CENTER, LLC

**Current Principal Place of Business:**

870 DUNLAWTON AVENUE  
SUITE 110  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

870 DUNLAWTON AVENUE  
SUITE 110  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 80-0556703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAKEZAI, SOHAIL  
74 COQUINA RIDGEWAY  
ORMOND BEACH, FL 32174 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: ATLANTIC COAST LLC  
Address: 870 DUNLAWTON AVENUE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: AVA MINA II, LLC  
Address: 840 DUNLAWTON AVENUE, SUITE A  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: RCN,LLC  
Address: 6220 LAKE BURDEN VIEW DRIVE  
City-St-Zip: WINDERMERE, FL 34786

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: SOHAIL KAKEZAI

MGRM

02/28/2011

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