2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# L10000022977

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 Statues.

SIGNATURE: SHAMA BASHIR MGRM 04/27/2012

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