

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057318

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** WEST COUNTY REGIONAL REHAB CENTER, LLC

**Current Principal Place of Business:**

24641 US HWY 19 NORTH  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

24641 US HWY 19 NORTH  
CLEARWATER, FL 33763 US

**New Mailing Address:**

**FEI Number:** 27-2786634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEDA, JOSE B  
24641 US HWY 19 NORTH  
CLEARWATER, FL 33763 US

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

HARTIG, MARK  
24641 US HWY 19 NORTH  
CLEARWATER, FL 33763 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:** MARK HARTIG

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ATKINS, BEN  
**Address:** 24641 US HWY 19 NORTH  
**City-St-Zip:** CLEARWATER, FL 33763 US

**Title:** MGRM  
**Name:** GARFF, JOSEPH A  
**Address:** 24641 US HWY 19 NORTH  
**City-St-Zip:** CLEARWATER, FL 33763 US

**Title:** MGR  
**Name:** MORRISON, MARYA  
**Address:** 24641 US HWY 19 NORTH  
**City-St-Zip:** CLEARWATER, FL 33763 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:** BEN ATKINS

MGRM

03/15/2011

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