2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# L10000057318

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 (X)**

Name and Address of Current Registered Agent:

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

SIGNATURE: BEN ATKINS MGRM 04/27/2012

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