2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

DOCUMENT# L10000060502

Entity Name: NORTHSTAR REHAB OF MISSISSIPPI, LLC

Current Principal Place of Business:

8477 S SUNCOAST BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

8477 S SUNCOAST BLVD
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 27-2799106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: MGR
Name: THERAPY MANAGEMENT CORPORATION
Address: 8477 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446

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: THERAPY MANAGEMENT CORPORATION MGR 02/09/2011

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