

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103355

Entity Name: ARISTOCRAT REHAB LLC

FILED
Jan 25, 2011
Secretary of State

Current Principal Place of Business:

10949 PARNU ST
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

10949 PARNU ST
NAPLES, FL 34109

New Mailing Address:

FEI Number: 27-3602720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARREN, JOHN
3611 TRANSMITTER RD
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

WARREN, JOHN
7824 MCELVEY RD
PANAMA CITY BEACH, FL 32408 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: JOHN WARREN

01/25/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HEALTH PROPERTIES LLC
Address: 7824 MCELVEY RD
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: JOHN WARREN

MGR

01/25/2011

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