2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

DOCUMENT# L10000103383

Entity Name: WINDERMERE REHAB LLC

Current Principal Place of Business:

4875 CASON COVE DR
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4875 CASON COVE DR
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 27-3603352 **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 32411 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 Statues.

SIGNATURE: JOHN WARREN MGR 01/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date