2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2012
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 ( )**

Name and Address of Current Registered Agent:

WARREN, JOHN
7824 MCELVEY RD
PANAMA CITY BEACH, FL 32408 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: HEALTH PROPERTIES LLC
Address: PO BOX 28330
City-St-Zip: PANAMA CITY BEACH, FL 32411

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 03/22/2012

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