2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: BROOKS HALIFAX REHABILITATION SERVICES, LLC

Current Principal Place of Business:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216 US

Current Mailing Address:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

3599 UNIVERSITY BOULEVARD, SOUTH
JACKSONVILLE, FL 32216 US

FEI Number: 27-3655818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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: BAER, DOUGLAS
Address: 3599 UNIVERSITY BOULEVARD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32216 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: DOUGLAS BAER MGR 04/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date