2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2011
Secretary of State

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Entity Name: JACKSONVILLE HEALTH AND REHAB, LLC

Current Principal Place of Business:

901 E. WASHINGTON STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

901 E. WASHINGTON STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIELSON, KENNETH
901 E. WASHINGTON STREET
ORLANDO, FL 32801 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: MGRM
Name: NIELSON, KENNETH
Address: 950 N. WESTMORELAND DR.
City-St-Zip: ORLANDO, FL 32804

Title: MGRM
Name: PIZAM, HAIM C
Address: 1021 E. HARWOOD STREET
City-St-Zip: ORLANDO, FL 32803

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: KENNETH NIELSON MGRM 01/21/2011

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