

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005966

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ESSEX REHABILITATION & CARE CENTER, LLC

**Current Principal Place of Business:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 20-5744184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ATKINS, BENJAMIN  
24641 US HWY 19 N  
CLEARWATER, FL 33763      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:** ATKINS, BENJAMIN  
**Address:** 24641 US HWY 19 N  
**City-St-Zip:** CLEARWATER, FL 33763

**Title:** MGRM  
**Name:** MORRISON FAMILY LIMITED PARTNERSHIP, LLLP  
**Address:** 524 BELLE ISLE AVE  
**City-St-Zip:** BELLEAIR BEACH, FL 33786 US

**Title:** MGRM  
**Name:** GARFF, JOSEPH A  
**Address:** 24641 US HWY 19 N  
**City-St-Zip:** CLEARWATER, FL 33763 US

**Title:** MGRM  
**Name:** CREATIVE CARE RESOURCES, LLC  
**Address:** 24641 US HWY 19 N  
**City-St-Zip:** CLEARWATER, FL 33763 US

**Title:** MGR  
**Name:** CAREEN, LLC  
**Address:** 606 HARBOR ISLAND  
**City-St-Zip:** CLEARWATER, FL 33767 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 Statutes.

SIGNATURE: BEN ATKINS

MGRM

04/27/2012

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