

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005967

FILED
May 14, 2010
Secretary of State

Entity Name: CHESAPEAKE REHABILITATION & CARE CENTER, LLC

Current Principal Place of Business:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-5744029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ATKINS, BENJAMIN
1022 MAIN STREET,
SUITE H
DUNEDIN, FL 34698 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: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM
Name: MORRISON, MARYA J
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM
Name: GARFF, JOSEPH A
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM
Name: TUCKER, DAVID W
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698 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: MARYA MORRISON

MGRM

05/14/2010

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