

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005967

FILED
Mar 09, 2011
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:

24641 US HWY 19 N
CLEARWATER, FL 33763

Current Mailing Address:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698

New Mailing Address:

24641 US HWY 19 N
CLEARWATER, FL 33763

FEI Number: 20-5744029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ATKINS, BENJAMIN
24641 US HWY 19 N
CLEARWATER, FL 33763 US

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:

03/09/2011

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, MARYA J
Address: 24641 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33763 US

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

Title: MGRM
Name: TUCKER, DAVID W
Address: 24641 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33763 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

03/09/2011

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