

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007091

FILED
Jan 05, 2009
Secretary of State

Entity Name: CHESTNUT HILL REHAB HOSPITAL, LLC

Current Principal Place of Business:

1022 MAIN STREET STE H
DUNEDIN, FL 34698

New Principal Place of Business:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698

Current Mailing Address:

1022 MAIN STREET STE H
DUNEDIN, FL 34698

New Mailing Address:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698

FEI Number: 20-8066479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATKINS, BENJAMIN
1022 MAIN STREET STE H
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

ATKINS, BENJAMIN
1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 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:

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATKINS, BENJAMIN
Address: 1022 MAIN STREET STE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: MORRISON, MARYA
Address: 1022 MAIN STREET STE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: GARFF, ADAM
Address: 1022 MAIN STREET, STE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: SCHWARTZ, JOSEPH
Address: 1022 MAIN STREET STE H
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATKINS, BENJAMIN
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM (X) Change () Addition
Name: MORRISON, MARYA
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM (X) Change () Addition
Name: GARFF, ADAM
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM (X) Change () Addition
Name: SCHWARTZ, JOSEPH
Address: 1022 MAIN STREET SUITE H
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BENJAMIN ATKINS

MGRM

01/05/2009

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