

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000865

FILED
Apr 28, 2009
Secretary of State

Entity Name: FIVE STAR REHABILITATION AND WELLNESS SERVICES, LLC

Current Principal Place of Business:

400 CENTRE STEET
NEWTON, MA 02458

New Principal Place of Business:

Current Mailing Address:

400 CENTRE STEET
NEWTON, MA 02458

New Mailing Address:

FEI Number: 20-8403253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: PORTNOY, BARRY M
Address: 400 CENTRE STEET
City-St-Zip: NEWTON, MA 02458

Title: MGR (X) Delete
Name: PORTNOY, ADAM D
Address: 400 CENTRE STEET
City-St-Zip: NEWTON, MA 02458

ADDITIONS/CHANGES:

Title: MMBR (X) Change () Addition
Name: FSQ, INC.
Address: 400 CENTRE STEET
City-St-Zip: NEWTON, MA 02458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FSQ, INC.

MMBR

04/28/2009

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