

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003008

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** SUNCREST OUTPATIENT REHAB SERVICES, LLC

**Current Principal Place of Business:**

510 HOSPITAL DRIVE  
SUITE 100  
MADISON, TN 37115

**New Principal Place of Business:**

1522 OAK STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

510 HOSPITAL DRIVE  
SUITE 100  
MADISON, TN 37115

**New Mailing Address:**

**FEI Number:** 26-1910553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SUNCREST HEALTHCARE INC.  
Address: 510 HOSPITAL DRIVE, SUITE 100  
City-St-Zip: MADISON, TN 37115

Title: MGRM  
Name: DANT, JOHN W III  
Address: 510 HOSPITAL DRIVE SUITE 100  
City-St-Zip: MADISON, TN 37115

Title: MGRM  
Name: RASMUSSEN, GARY W  
Address: 510 HOSPITAL DRIVE SUITE 100  
City-St-Zip: MADISON, TN 37115

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: GARY W RASMUSSEN

MGRM

03/19/2010

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