2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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Entity Name: SUNCREST OUTPATIENT REHAB SERVICES, LLC

Current Principal Place of Business:

1522 OAK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

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 Statues.

SIGNATURE: GARY RASMUSSEN CFO 01/05/2011

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