

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000807

FILED
Mar 19, 2012
Secretary of State

Entity Name: HALCYON REHABILITATION, LLC

Current Principal Place of Business:

4 WEST RED OAK LANE STE 201
WHITE PLAINS, NY 10604

New Principal Place of Business:

Current Mailing Address:

4 WEST RED OAK LANE STE 201
WHITE PLAINS, NY 10604

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES INC
155 OFFICE PLAZA DRIVE STE A
TALLAHASSEE, FL 32301 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: ASSET NAVIGATOR, LLC
Address: 4 WEST RED OAK LANE STE 201
City-St-Zip: WHITE PLAINS, NY 10604

Title: MGRM
Name: HEALTH CARE NAVIGATOR, LLC
Address: 4 WEST RED OAK LANE STE 201
City-St-Zip: WHITE PLAINS, NY 10604

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: ASSET NAVIGATOR MGR 03/19/2012

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