

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005438

FILED
Feb 24, 2012
Secretary of State

Entity Name: FORT WALTON REHABILITATION CENTER, LLC

Current Principal Place of Business:

5887 GLENRIDGE DRIVE
SUITE 150
ATLANTA, GA 30328

New Principal Place of Business:

1 LBJ SR DRIVE
FORT WALTON, FL 32548

Current Mailing Address:

5887 GLENRIDGE DRIVE
SUITE 150
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 37-1651002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
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: MGR
Name: NOTERMANN, JOHN
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

Title: MGR
Name: CRONQUIST, MARK
Address: 5887 GLENRIDGE DRIVE, SUITE 150
City-St-Zip: ATLANTA, GA 30328

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: R. MARK CRONQUIST

MGR

02/24/2012

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