

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103355

Entity Name: ARISTOCRAT REHAB LLC

Current Principal Place of Business:

10949 PARNU ST
NAPLES, FL 34109

Current Mailing Address:

10949 PARNU ST
NAPLES, FL 34109

FEI Number: 27-3602720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARREN, JOHN
7824 MCELVEY RD
PANAMA CITY BEACH, FL 32408 US

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

Authorized Person(s) Detail :

Title MGR
Name HEALTH PROPERTIES LLC
Address PO BOX 28330
City-State-Zip: PANAMA CITY BEACH FL 32411

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEALTH PROPERTIES, LLC

MGR

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date