2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 10, 2014
Secretary of State
CC1221376721

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:

BURKE, MIKE ESQ.
16215 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413 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: MIKE BURKE 04/10/2014

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 MGR 04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date