

2015 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:

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

01/26/2015

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: JOHN WARREN

MGR OF HP

01/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date