2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2015
Secretary of State
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Entity Name: RALEIGH REGIONAL REHAB CENTER, LLC

Current Principal Place of Business:

24671 US HWY 19 N
CLEARWATER, FL 33763

Current Mailing Address:

24671 US HWY 19 N
CLEARWATER, FL 33763 US

FEI Number: 46-0851710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOM, AARON
24671 US HWY 19 N
CLEARWATER, FL 33763 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: AARON BLOOM 03/12/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	ATKINS, BENJAMIN A
Address	24671 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33763

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: BENJAMIN ATKINS MANAGER 03/12/2015

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