

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078721

**FILED  
Apr 21, 2011  
Secretary of State**

**Entity Name:** MAINSTAY HEALTHCARE PORT ORANGE LLC

**Current Principal Place of Business:**

5574 COMMERCIAL BLVD NW  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

5574 COMMERCIAL BLVD NW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 27-3156441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DESROCHERS, CHRISTOPHER A  
2504 AVE G NW  
WINTER HAVEN, FL 33880 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:** GARRARD, LOUIS F V  
**Address:** 5574 COMMERCIAL BLVD NW  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

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: LOUIS F. GARRARD, V      PRES      04/21/2011

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