

2001 UNIFORM BUSINESS REPORT (UBR)

0016596 AF

DOCUMENT # _____ **M00000002447**

1. Entity Name
MELWOOD NURSING CENTER, L.L.C.

FILED
01 APR 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 210 SOUTH PARSONS AVENUE, SUITE 12 BRANDON FL 33511	Mailing Address 210 SOUTH PARSONS AVENUE, SUITE 12 BRANDON FL 33511
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2. Principal Place of Business 3570 Keith Street, NW Suite, Apt. #, etc.	3. Mailing Address 3570 Keith Street, NW Suite, Apt. #, etc.
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City & State Cleveland, TN	City & State Cleveland, TN	4. FEI Number 62-1836125	Applied For Not Applicable
Zip 37312	Country USA	Zip 37312	Country USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAUGHAN, DAVID R
 210 SOUTH PARSONS AVENUE, SUITE 12
 BRANDON FL 33511

7. Name and Address of New Registered Agent

Name: **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road
 City: **Plantation** FL Zip Code: **33324**

8. 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: Mary R. Adams **MARY R. ADAMS** **ASSISTANT SECRETARY** DATE: 3/28/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Developers Investment Company II, Inc. 3570 Keith Street, NW Cleveland, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Joan E. Thurmond **Joan E. Thurmond, Assistant Secretary** **4/12/01** **(423) 473-5868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRZE083 (11/00)