

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002447

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

3570 KEITH STREET, NW
CLEVELAND, TN 37312

New Principal Place of Business:

Current Mailing Address:

3570 KEITH STREET, NW
CLEVELAND, TN 37312

New Mailing Address:

FEI Number: 62-1836125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VPST () Delete
Name: PRESTON, FORREST L
Address: 3570 KEITH STREET NW
City-St-Zip: CLEVELAND, TN 37312

Title: MGRM () Delete
Name: CLAYTON, ANGELENA Y
Address: 3570 KEITH STREET NW
City-St-Zip: CLEVELAND, TN 37312

Title: AS () Delete
Name: CROSS, CINDY S
Address: 3570 KEITH STREET NW
City-St-Zip: CLEVELAND, TN 37312

Title: AS () Delete
Name: THURMOND, JOAN E
Address: 3570 KEITH STREET NW
City-St-Zip: CLEVELAND, TN 37312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRESTON, FORREST L
Address: 3570 KEITH STREET NW
City-St-Zip: CLEVELAND, TN 37312

Title: V/S/ (X) Change () Addition
Name: CLAYTON, ANGELENA Y
Address: 3570 KEITH STREET NW
City-St-Zip: CLEVELAND, TN 37312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOAN E. THURMOND

AS

01/16/2009

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