

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115408

Entity Name: HC FLORIDA/OAK VIEW, LLC**Current Principal Place of Business:**1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606**FEI Number:** 20-3881820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	FLORIDA STATE BOAD OF ADMINISTRATION
Address	1801 HERMITAGE BOULEVARD, SUITE 100
City-State-Zip:	TALLAHASSEE FL 32308
Title	VS
Name	KURNICK, KAREN A
Address	191 N. WACKER DRIVE, SUITE 2500
City-State-Zip:	CHICAGO IL 60606
Title	T
Name	DE FRANCESCO, NOREEN
Address	191 N. WACKER DRIVE, SUITE 2500
City-State-Zip:	CHICAGO IL 60606

Title	P
Name	MAURY, TOGNARELLI R
Address	191 N. WACKER DRIVE, SUITE 2500
City-State-Zip:	CHICGOO IL 60606
Title	V
Name	EDELMAN, HOWARD J
Address	191 N. WACKER DRIVE, SUITE 2500
City-State-Zip:	CHICAGO IL 60606
Title	SIO
Name	SPOOK, STEPHEN A
Address	1801 HERMITAGE BOULEVARD, SUITE 600
City-State-Zip:	TALLAHASSEE FL 32308

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN A SPOOK**SENIOR INVESTMENT
OFFICER****05/15/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date