

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012546

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BRENTWOOD HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

2333 N. BRENTWOOD CIR  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

303 PERIMETER CENTER NORTH  
STE 500  
ATLANTA, GA 30346

**New Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146

**FEI Number:** 58-2639443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: KORMAN, SUSAN  
Address: 2333 NORTH BRENTWOOD CIRCLE  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KORMAN, SUSAN J  
Address: 2333 NORTH BRENTWOOD CIRCLE  
City-St-Zip: LECANTO, FL 34461

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:** SUSAN J. KORMAN

MGR

04/30/2009

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