

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012566

FILED
May 01, 2009
Secretary of State

Entity Name: HARBOR BEACH HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

1615 S MIAMI RD
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

1615 MIAMI RD
FORT LAUDERDALE, FL 33316

Current Mailing Address:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

New Mailing Address:

PO BOX 467065
ATLANTA, GA 31146

FEI Number: 58-2639442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: ALLISON, PAMELA
Address: 1615 S MIAMI RD
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLISON, PAMELA
Address: 1615 MIAMI RD
City-St-Zip: FORT LAUDERDALE, FL 33316

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: PAMELA ALLISON

MGR

05/01/2009

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