

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012570

FILED
May 01, 2009
Secretary of State

Entity Name: LAKELAND HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

1010 CARPENTERS WAY
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

New Mailing Address:

PO BOX 467065
ATLANTA, GA 31146

FEI Number: 58-2639455 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: MCCOY, BRIAN
Address: 1010 CARPENTERS WAY
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KELLY, BRADY
Address: 1010 CARPENTERS WAY
City-St-Zip: LAKELAND, FL 33809

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: KELLY BRADY

MGR

05/01/2009

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