

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012573

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** MERRITT ISLAND HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

125 ALMA BOULEVARD  
MERRITT ISLAND, FL 32953

**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:** 58-2639463      **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: SORGER, MILDRED  
Address: 125 ALMA BLVD  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES:**

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: MILDRED SORGER

MGR

05/01/2009

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