


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90039 024 \*\*\*138.75

|                                                                                                 |                                                                                   |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000012576</b><br>1. Entity Name<br>NORTH OKALOOSA HEALTH CARE ASSOCIATES, LLC. |  |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                             |                                                                                 |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br>500 S. HOSPITAL DRIVE<br>CRESTVIEW, FL 32539 | Mailing Address<br>303 PERIMETER CENTER NORTH<br>SUITE 500<br>ATLANTA, GA 30346 |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                                   |
|-----------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> |
|-----------------------------------|



04162008No Chg-LLC

CR2E083 (12/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>58-2639467 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 |
|--------------------------------------------------------------------------------------------------------------------------------------|

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                     |
|----------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>ALCORN, DANA<br>500 SOUTH HOSPITAL DR<br>CRESTVIEW, FL 32539 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |

|                                       |
|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------|

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Dana Alcorn Dana Alcorn, Manager 04/21/08 850-689-3146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #