

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012576

FILED
Apr 28, 2010
Secretary of State

Entity Name: NORTH OKALOOSA HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

500 S. HOSPITAL DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

500 S. HOSPITAL DRIVE
CRESTVIEW, FL 32539 US

Current Mailing Address:

PO BOX 467065
ATLANTA, GA 31146

New Mailing Address:

PO BOX 467065
ATLANTA, GA 31146 US

FEI Number: 58-2639467

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
Name: ALCORN, DANA L
Address: 500 SOUTH HOSPITAL DR
City-St-Zip: CRESTVIEW, FL 32539 US

I hereby 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: DANA L. ALCORN

MGR

04/28/2010

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