

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012606

**FILED  
Apr 27, 2010  
Secretary of State**

**Entity Name:** DESTIN HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

195 MATTIE M. KELLY BLVD  
DESTIN, FL 32541

**New Principal Place of Business:**

195 MATTIE M. KELLY BLVD  
DESTIN, FL 32541 US

**Current Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146

**New Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146 US

FEI Number: 58-2639433

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: SARDELLI, LINDSAY R  
Address: 195 MATTIE M. KELLY BLVD.  
City-St-Zip: DESTIN, FL 32541 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: LINDSAY R. SARDELLI

MGR

04/27/2010

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