

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90056-004-\$50.00-\$50.00

DOCUMENT # L01000014728																																																																																																																																																											
1. Entity Name JACKSON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.																																																																																																																																																											
Principal Place of Business 803 N. CALHOUN ST TALLAHASSEE, FL 32303			Mailing Address 803 N. CALHOUN ST TALLAHASSEE, FL 32303																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 545 Wahoo Road		3. Mailing Address PO Box 27790																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 65-1133458																																																																																																																																																							
Zip 32408		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent MACK, THEODORE E 803 N. CALHOUN ST. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code																																																																																																																																														
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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 fee if applicable. (NOTE: Registered Agent signature required when re-issuing)																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																																																									
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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. Kenneth P. Gummels, President of Manager																																																																																																																																																											
SIGNATURE: <u>Kenneth P. Gummels</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/16/2007 850-233-8800 Date Daytime Phone #																																																																																																																																																								

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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