2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000014728

1. Entity Name

JACKSON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.



FILED
Jan 17, 2008 08:00 AN
Secretary of State

Principal Place of Business

545 WAHOO RD. PANAMA CITY, FL 32408 Mailing Address

PO BOX 27790

PANAMA CITY, FL 32411



01132008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		
	65-1133458		

Applied For Not Applicable

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

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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 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	■此心 化工程放射性例 超速数化碳氢酸化碳氢酸钠化合物 医假切断 化氯化甲酸香糖酸 化合键的		
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CITY-ST-ZIP	PANAMA CITY, FL 32408			
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11. hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANUSING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/2008

850-233-8800

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