

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91211 046 ****50.00

DOCUMENT # L01000014731

1. Entity Name

**WASHINGTON COUNTY CONVALESCENT CENTER OPERATIONS
, L.L.C.**

Principal Place of Business

**5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

Mailing Address

**5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

2. Principal Place of Business

803 N. Calhoun St.

Suite, Apt. #, etc.

3. Mailing Address

803 N. Calhoun St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FLZip
32303Country
USAZip
32303Country
USA

4. FEI Number

65-1133447

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DECHOW, GERALD A
5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232****7. Name and Address of New Registered Agent**

Name

Theodore E. Mack

Street Address (P.O. Box Number is Not Acceptable)

803 N. Calhoun St.

City

Tallahassee**FL**Zip Code
32303

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.

SIGNATURE

Theodore E. Mack**2/25/2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	Theodore E. Mack	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Jerry W. Hinson	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Annette B. Jansenius	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Chipley RE, L.L.C.	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Annette B. Jansenius, MGR 2/25/2002 850-526-2000**

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

Date

Daytime Phone #

CR2E083 (9/01)