

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000014731 1. Entity Name WASHINGTON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.	
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Principal Place of Business 545 WAHOO RD. PANAMA CITY, FL 32408	Mailing Address PO BOX 27790 PANAMA CITY, FL 32411
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DO NOT WRITE IN THIS SPACE



01132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1133447	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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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARAGON INVESTMENTS, INC. 545 WAHOO RD. PANAMA CITY, FL 32408
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**DO NOT WRITE
IN THIS SPACE**

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: Kenneth P. Gummels, PRES. 1/15/2008 850-233-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #