

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91211 044 ****50.00

DOCUMENT # L01000014733

1. Entity Name

WATERFORD 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.

3. Mailing Address

803 N. Calhoun St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

65-1133440

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

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

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

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** ☐ Delete
 NAME **Theodore E. Mack**
 STREET ADDRESS **803 N. Calhoun St.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **MGR** ☐ Delete
 NAME **Jerry W. Hinson**
 STREET ADDRESS **803 N. Calhoun St.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **MGR** ☐ Delete
 NAME **Annette B. Jansenius**
 STREET ADDRESS **803 N. Calhoun St.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **MGRM** ☐ Delete
 NAME **Hialeah Gardens, RE, L.L.C.**
 STREET ADDRESS **803 N. Calhoun St.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

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)