

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016652

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** TAMPA HEALTH INVESTORS, L.L.C.

**Current Principal Place of Business:**

240 EAGLE ESTATES DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

240 EAGLE ESTATES DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

PO BOX 530787  
DEBARY, FL 32753

**FEI Number:** 04-3694259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERZOG, LP  
240 EAGLE ESTATES DRIVE  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SWAIN, W. STEWART  
**Address:** PO BOX 1907  
**City-St-Zip:** KERNERSVILLE, NC 27285

**Title:** MGRM  
**Name:** HERZOG, L.P.  
**Address:** PO BOX 530787  
**City-St-Zip:** DEBARY, FL 32753

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LP HERZOG

MGMR

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date