
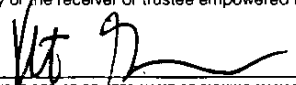


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90430 021 \*\*\*\*50.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L03000004073</b><br>1. Entity Name<br><b>OAKBRIDGE HEALTH CARE ASSOCIATES, LLC</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>3110 OAKBRIDGE BLVD. E.<br/>LAKELAND, FL 33803</b>   |   |   | Mailing Address<br><b>10210 HIGHLAND MANOR DRIVE, SUITE 250<br/>TAMPA, FL 33610</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><b>303 Perimeter Center North</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br><b>Suite 500</b>                 |   |   |  |
| City & State   |   | City & State<br><b>Atlanta, GA</b>                      |   |   |  |
| Zip  | Country   | Zip<br><b>30346</b>                                     | Country<br><b>US</b>  | 4. FEI Number<br><b>41-2077427</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>  |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |   | <b>Make check payable to<br/>Florida Department of State</b>                        |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>ALPHA HEALTH CARE PROPERTIES, LLC<br/>10210 HIGHLAND MANOR DRIVE, SUITE 250<br/>TAMPA, FL 33610</b> | <input checked="" type="checkbox"/> Delete              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <b>Manager<br/>Katie Glem<br/>3110 Oakbridge Blvd E<br/>Lakeland, FL 33803</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>  <b>Katie Glem</b> <span style="float: right;">2/7/07 863 648 4800</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |   |   |  |