


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90041 013 ***138.75

DOCUMENT # L03000017149	
1. Entity Name WOOD LAKE HEALTH CARE ASSOCIATES, LLC	

Principal Place of Business 6414 13TH ROAD SOUTH WEST PALM BEACH, FL 33415	Mailing Address 303 PERIMETER CIRCLE NORTH STE 500 ATLANTA, GA 30346
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 303 Perimeter Center North Suite 500 Suite, Apt. #, etc.
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City & State	City & State Atlanta, GA	4. FEI Number 81-0612154	Applied For Not Applicable
Zip	Country	Zip	Country
		30346	US

03262008 Chg-LLC CR2E083 (12/06)



60034938

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASSION, JACKIE 6414 13TH RD SOUTH WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Jackie Bassion Jackie Bassion, Manager 4-16-08 561-478-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #