

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017149

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** WOOD LAKE HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

6414 13TH ROAD SOUTH  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146 US

**New Mailing Address:**

303 PERIMETER CENTER NORTH  
SUITE 500  
ATLANTA, GA 30346 US

**FEI Number:** 81-0612154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR  
Name: GLASS, JOHN S  
Address: 6414 13TH ROAD SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: JOHN S. GLASS

MGR

04/27/2011

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