

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031164

FILED  
Feb 09, 2010  
Secretary of State

Entity Name: 35 NHC, LLC

**Current Principal Place of Business:**

3407 NORTH W ST  
PENSACOLA, FL 32503

**New Principal Place of Business:**

1810 E. LEE ST  
PENSACOLA, FL 32503

**Current Mailing Address:**

3407 NORTH W ST  
PENSACOLA, FL 32503

**New Mailing Address:**

1810 E. LEE ST  
PENSACOLA, FL 32503

FEI Number: 20-1032779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRICE, TIM  
3407 NORTH W ST  
PENSACOLA, FL 32505 US

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

PRICE, TIM  
1810 E. LEE ST.  
PENSACOLA, FL 32503 US

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

02/09/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PRICE, TIM  
Address: 1810 E. LEE ST  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR  
Name: LANGSTON, JOE  
Address: 4700 FRANCISCO RD  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: VREDENBURG, BRUCE  
Address: 2153 COPLEY DR  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR  
Name: BROWN, KEVIN  
Address: 428 CHILDERS STREET  
City-St-Zip: PENSACOLA, FL 32534

Title: MGR  
Name: LITVAK, ALLEN  
Address: 4155 BAISDEN DR  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR  
Name: RENFROE, JOHN  
Address: 2400 W. FAIRFIELD DRIVE  
City-St-Zip: PENSACOLA, FL 32505

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: BRUCE VREDENBURG

MGR

02/09/2010

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