

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037510

FILED
Apr 29, 2009
Secretary of State

Entity Name: AUGUSTA HEALTH CARE PROPERTIES, LLC

Current Principal Place of Business:

10210 HIGHLAND MANOR DR, STE 270
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

10210 HIGHLAND MANOR DR, STE 270
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-1277671

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: AR () Delete
Name: COSBY, TRACEY C AR
Address: 303 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

Title: AR (X) Delete
Name: BENCH, G S AR
Address: 10210 HIGHLAND MANOR DRIVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES:

Title: AR (X) Change () Addition
Name: COSBY, TRACEY C
Address: 303 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TRACEY C. COSBY

AR

04/29/2009

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