

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115408

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: HC FLORIDA/OAK VIEW, LLC

**Current Principal Place of Business:**

1801 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1801 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-3881820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION, FL 33324 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: FLORIDA STATE BOAD OF ADMINISTRATION  
Address: 1801 HERMITAGE BOULEVARD, SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32308

Title: P  
Name: MAURY, TOGNARELLI R  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICGOO, IL 60606

Title: VS  
Name: KURNICK, KAREN A  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606

Title: V  
Name: EDELMAN, HOWARD J  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606

Title: T  
Name: DE FRANCESCO, NOREEN  
Address: 191 N. WACKER DRIVE, SUITE 2500  
City-St-Zip: CHICAGO, IL 60606

Title: SIO  
Name: BENNETT, DOUGLAS W  
Address: 1801 HERMITAGE BOULEVARD, SUITE 600  
City-St-Zip: TALLAHASSEE, FL 32308 FL

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: DOUGLAS W. BENNETT, AUTHORIZED OFFICER

SIO

04/19/2010

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