

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028024

FILED
Feb 16, 2011
Secretary of State

Entity Name: COLLEGE PARKWAY HEALTH CENTER LLC

Current Principal Place of Business:

6371 PRESIDENTIAL CT
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

6371 PRESIDENTIAL CT
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 03-0590783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIEGENFUSS, BOB
15577 LOCKMABEN AVE
FORT MYERS, FL 33912 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: MGMB
Name: ZIEGENFUSS, BOB
Address: 15577 LOCKMABEN AVE
City-St-Zip: FORT MYERS, FL 33912 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: BOB ZIEGENFUSS

MGRM

02/16/2011

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