

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007475

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: MAGNOLIA HEALTHCARE, LLC

## Current Principal Place of Business:

1071 SOUTHWEST 6TH AVENUE  
OCALA, FL 34480

## New Principal Place of Business:

1071 SOUTHWEST 6TH AVENUE  
OCALA, FL 34471

## Current Mailing Address:

1071 SOUTHWEST 6TH AVENUE  
OCALA, FL 34480

## New Mailing Address:

303 SE 17TH STREET  
309-108  
OCALA, FL 34471

FEI Number: 22-3951914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MCCULLOUGH, WARREN R  
303 SE 17TH STREET  
309-108  
OCALA, FL 34471 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: WARREN R MCCULLOUGH

01/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCCULLOUGH, WARREN R  
Address: 1071 SOUTHWEST 6TH AVENUE  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: MCCULLOUGH, MARY P  
Address: 1071 SOUTHWEST 6TH AVENUE  
City-St-Zip: OCALA, FL 34480

Title: T ( ) Delete  
Name: MCCULLOUGH, WARREN R  
Address: 1071 SOUTHWEST 6TH AVENUE  
City-St-Zip: OCALA, FL 34480

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCCULLOUGH, WARREN R  
Address: 902 SE 49TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: S (X) Change ( ) Addition  
Name: MCCULLOUGH, MARY P  
Address: 902 SE 49TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: T (X) Change ( ) Addition  
Name: MCCULLOUGH, WARREN R  
Address: 902 SE 49TH AVENUE  
City-St-Zip: OCALA, FL 34471

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: WARREN R MCCULLOUGH

MGR

01/04/2008

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