2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000035432

Entity Name: TC COMMUNITY HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

1113 NW 23RD AVENUE
CHIEFLAND, FL 32644

New Principal Place of Business:

Current Mailing Address:

1113 NW 23RD AVENUE
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINTON, MARIE S
1113 NW 23RD AVENUE
CHIEFLAND, FL 32644 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: MGRM ( ) Delete
Name: MINTON, MARIE S
Address: 1113 NW 23RD AVENUE
City-St-Zip: CHIEFLAND, FL 32644

Title: MGRM ( ) Delete
Name: WASHBURN, GREGORY S
Address: 1113 NW 23RD AVENUE
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES:

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

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: MARIE S. MINTON MGRM 04/30/2008

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