

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107834

FILED  
May 01, 2009  
Secretary of State

Entity Name: PALOMA BLANCA HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

1509 UNIVERSITY BOULEVARD, NE  
ALBUQUERQUE, NM 87102

**New Principal Place of Business:**

**Current Mailing Address:**

303 PERIMETER CTR N  
STE 500  
ATLANTA, GA 30346

**New Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146

FEI Number: 26-1305470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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      ( ) Delete  
Name: MURPHY, SHARON  
Address: 1509 UNIVERSITY BLVD NE  
City-St-Zip: ALBUQUERQUE, NM 87102

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PETHIS, JIM  
Address: 1509 UNIVERSITY BLVD NE  
City-St-Zip: ALBUQUERQUE, NM 87102

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: JIM PETHIS

MGR

05/01/2009

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