

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052901

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE PAVILION AT HEALTHPARK, LLC

**Current Principal Place of Business:**

2670 HORSESHOE DR NORTH  
SUITE 201  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

206 INDUSTRIAL DR.  
GLASGOW, KY 42141

**New Mailing Address:**

2670 HORSESHOE DR NORTH  
SUITE 201  
NAPLES, FL 34104

**FEI Number:** 26-2955988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARC F. OATES, P.A.  
5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109 US

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

METCALF, MICHAEL H  
2670 HORSESHOE DR N  
SUITE 201  
NAPLES, FL 34104 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:** MICHAEL H METCALF

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** AMERICAN HEALTHCARE HOLDINGS, LLC  
**Address:** 2670 HORSESHOE DR NORTH, SUITE 201  
**City-St-Zip:** NAPLES, FL 34104

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:** MICHAEL H METCALF

MM

04/29/2011

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