

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 01, 2011
Secretary of State

Entity Name: PEACE RIVER HMA NURSING CENTER, LLC

Current Principal Place of Business:

5811 PELICAN BAY BLVD., SUITE 500
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD., SUITE 500
ATTENTION: LEGAL DEPARTMENT
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-1928243 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: HOSPITAL MANAGEMENT ASSOCIATES, INC.
Address: 5811 PELICAN BAY BLVD., SUITE 500
City-St-Zip: NAPLES, FL 34108

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: TIMOTHY R. PARRY

SVP

04/01/2011

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