

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112812

FILED
Apr 28, 2009
Secretary of State

Entity Name: NAPLES HEALTH CARE SPECIALISTS, LLC

Current Principal Place of Business:

150 AVIATION DRIVE SOUTH
SUITE 201
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

150 AVIATION DRIVE SOUTH
SUITE 201
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0992582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARL, JAMES L ESQ
678 BALD EAGLE DR.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: SHARON K. GRAY, ASSISTANT SECRETARY

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOJAVE, CAROL
Address: 150 AVIATION DRIVE SOUTH
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SENIORBRIDGE FAMILY COMPANIES (FL), INC.
Address: 6404 NW 5TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

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: ERIC RACKOW FOR MANAGING-MEMBER

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04/28/2009

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