

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069722

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: LONG TERM CARE OF JAY, L.L.C.

**Current Principal Place of Business:**

14088 ALABAMA STREET  
JAY, FL 32565

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10  
JAY, FL 32565

**New Mailing Address:**

FEI Number: 27-0645703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DURST, JOSHUA C  
5274 COMMERCE STREET  
JAY, FL 32565 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  
Name: SMITH, RICKY W  
Address: PO BOX 188  
City-St-Zip: JAY, FL 32565

Title: MGRM  
Name: FLOYD, JACK R  
Address: PO BOX 362  
City-St-Zip: JAY, FL 32565

Title: MGRM  
Name: SMITH, C DAVID  
Address: PO BOX 10  
City-St-Zip: JAY, FL 32565

Title: MGR  
Name: SMITH, J.S. MICHAEL  
Address: P.O. BOX 10  
City-St-Zip: JAY, FL 32565

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: RICKY SMITH

MGRM

04/23/2012

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