

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000099252

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** BROOKWOOD-GULF COAST CONVALESCENT CENTER, LLC

**Current Principal Place of Business:**

545 WAHOO ROAD  
PANAMA CITY, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 27790  
PANAMA CITY, FL 32411 US

**New Mailing Address:**

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

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

MACK, THEODORE E ESQ.  
803 N CALHOUN STREET  
TALLAHASSEE, FL 32303 US

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

DIAZ, ROLANDO A. ESQ.  
1430 S DIXIE HWY  
STE 203  
CORAL GABLES, FL 331463127 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: ROLANDO A. DIAZ

01/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GULF COAST RE, LLC  
Address: PO BOX 27790  
City-St-Zip: PANAMA CITY, FL 32411 US

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: KENNETH P. GUMMELS

AR

01/16/2012

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