

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076300

FILED
Apr 03, 2012
Secretary of State

Entity Name: BROOKS SKILLED NURSING MANAGEMENT, LLC

Current Principal Place of Business:

3599 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-3160346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE, FL 32207 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: DCVP
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP
Name: SPIGEL, MICHAEL R
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: SNEED, GARY W
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: FULLER, BRIAN
Address: 3599 UNIVERSITY BLVD. S
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: BLAKE, BRUCE M
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

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: DOUGLAS M. BAER

DCVP

04/03/2012

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