

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105578

**FILED  
Feb 25, 2011  
Secretary of State**

**Entity Name:** PENSACOLA HEALTH CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

4875 CASON COVE DRIVE  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

4875 CASON COVE DRIVE  
ORLANDO, FL 32811 US

**New Mailing Address:**

**FEI Number:** 27-3650783      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RAILEY, HARDING & ALLEN, P.A.  
15 N. EOLA DRIVE  
ORLANDO, FL 32801 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:** PARKER, SHELBY  
**Address:** 4875 CASON COVE DRIVE  
**City-St-Zip:** ORLANDO, FL 32811 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: SHELBY T PARKER      MGR      02/25/2011

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