2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000131664

Entity Name: LAKE WALES HEALTHCARE, LLC

Current Principal Place of Business:

730 NORTH SCENIC HIGHWAY
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

7201 SHALLOWFORD ROAD, SUITE 200
CHATTANOOGA, TN 37421

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:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DEFOOR, BYRON
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: MGRM
Name: O'BRIEN, JOHN P JR.
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: MGRM
Name: TAYLOR, CRAIG
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: S
Name: TAYLOR, CRAIG
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

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 Statues.

SIGNATURE: CRAIG TAYLOR S 04/29/2011

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