

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001551

FILED
Apr 28, 2005
Secretary of State

Entity Name: BONITA SPRINGS HEALTHCARE, LLC

Current Principal Place of Business:

399 PARK AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

399 PARK AVENUE
NEW YORK, NY 10022

New Mailing Address:

3424 PEACHTREE RD NE
SUITE 2200
ATLANTA, GA 30326

FEI Number: 13-4129098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

UCC FILING & SEARCH SERVICES
526 E. PARK AVE.
TALLAHASSEE, FL 32301 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: ED HAND

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MIKULICH, RAYMOND
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: AMBOSS, RODOLPHO
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: STEINBERG, FRED
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: DINNIE, KEVIN
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ERIC LIND

MGR

04/28/2005

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