

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M00000001672**

1. Entity Name  
**ORANGE PARK MEDICAL INVESTORS, LLC**



Principal Place of Business  
**3001 KEITH STREET, NW  
CLEVELAND, TN 37312**

Mailing Address  
**3001 KEITH STREET, NW  
CLEVELAND, TN 37312**



01232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1829241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000910362  
05/06/08-80106-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRC LIFE CARE CENTERS OF AMERICA, INC. 3570 KEITH STREET NW CLEVELAND, TN 37312
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate Manager

MC00000001672

## EXHIBIT "A"

### **Orange Park Medical Investors, LLC 3570 Keith Street, NW Cleveland, TN 37312**

#### **Members**

Life Care Centers of America, Inc.	3570 Keith Street, NW	Cleveland, TN 37312
Orange Park Medical, Inc.	3570 Keith Street, NW	Cleveland, TN 37312

#### **Officers**

N/A

#### **Corporate Manager**

Life Care Centers of America, Inc.

**EXHIBIT "A"**

**LIFE CARE CENTERS OF AMERICA, INC.**

**Board of Directors**

Forrest L. Preston	3570 Keith Street, NW, Cleveland, Tennessee 37312
John F. McMullan	3570 Keith Street, NW, Cleveland, Tennessee 37312
Beecher Hunter	3570 Keith Street, NW, Cleveland, Tennessee 37312
Angelena Y. Clayton	3570 Keith Street, NW, Cleveland, Tennessee 37312
J. Stephen Ziegler	3570 Keith Street, NW, Cleveland, Tennessee 37312
David Weiss	3570 Keith Street, NW, Cleveland, Tennessee 37312
Cathy Murray	3570 Keith Street, NW, Cleveland, Tennessee 37312
W. Stanley Burton	3570 Keith Street, NW, Cleveland, Tennessee 37312

**Corporate Officers**

Chairman:	Forrest L. Preston	3570 Keith Street, NW, Cleveland, Tennessee 37312
President:	Beecher Hunter	3570 Keith Street, NW, Cleveland, Tennessee 37312
Vice President / Secretary:	Angelena Y. Clayton	3570 Keith Street, NW, Cleveland, Tennessee 37312
Vice President/ Treasurer:	J. Stephen Ziegler	3570 Keith Street, NW, Cleveland, Tennessee 37312
Vice President / Assistant Secretary:	Cindy S. Cross	3570 Keith Street, NW, Cleveland, Tennessee 37312
Assistant Secretary:	Joan E. Thurmond	3570 Keith Street, NW, Cleveland, Tennessee 37312
Assistant Treasurer:	Terry Henry	3570 Keith Street, NW, Cleveland, Tennessee 37312

**Shareholders**

Forrest L. Preston, 100% Sole Shareholder