

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000001676

1. Entity Name
ALTAMONTE SPRINGS MEDICAL INVESTORS, LLC



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

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



01232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1829265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

000000910345
05/06/08-80106-010 138.75

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**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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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

MOD0000001676

EXHIBIT "A"

Altamonte Springs Medical Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312

Members

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

Officers

N/A

Corporate Manager

Life Care Centers of America, Inc.