2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# M00000001939

Entity Name: BROOKSVILLE HEALTH CARE CENTER, LLC

Current Principal Place of Business:

HEALTH SERVICES MANAGEMENT, INC.
714 SOUTH CHURCH ST., STE. A
MURFREESBORO, TN 37130

New Principal Place of Business:

HEALTH SERVICES MANAGEMENT, INC.
206 FORTRESS BLVD
MURFREESBORO, TN 37128

Current Mailing Address:

1114 CHATMAN BLVD
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 62-1832455 **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:

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	( ) Delete
Name:	SWEENEY, PRESTON	
Address:	714 S CHURCH ST., STE A	
City-St-Zip:	MURFREESBORO, TN 37137	
Title:	MGRM	( ) Delete
Name:	BELL, ERIC	
Address:	6208 W CORPORATE OAKS DR	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	MGRM	( ) Delete
Name:	MOAK, WANDA	
Address:	1114 CHATMAN BLVD.	
City-St-Zip:	BROOKSVILLE, FL 34601	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	SWEENEY, PRESTON	
Address:	2731 EXECUTIVE PARK DRIVE	
City-St-Zip:	MURFREESBORO, TN 37128	
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 exemption stated in Chapter 119, 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: WANDA MOAK MS. 01/12/2009

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