2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# M00000001939

Entity Name: BROOKSVILLE HEALTH CARE CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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 (X)**

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
Name: SWEENEY, ERIC (RICK)
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

Title: MGRM
Name: BELL, JAMES (ERIC)
Address: 6208 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM
Name: MOAK, WANDA
Address: 1114 CHATMAN BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM
Name: NEELY, WILLIAM
Address: 206 FORTRESS BLVD.
City-St-Zip: MURFREESBORO, TN 37128

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: WANDA MOAK MGRM 01/05/2010

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