

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M00000001939

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**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 ( )**

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

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

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

**Title:** D  
**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 Statutes.

**SIGNATURE:** WANDA MOAK

ADM

01/06/2010

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