

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001939

**FILED**  
**Jan 13, 2011**  
**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:**

BROOKSVILLE HEALTHCARE CENTER  
1114 CHATMAN BLVD  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

1114 CHATMAN BLVD  
BROOKSVILLE, FL 34601

**New Mailing Address:**

BROOKSVILLE HEALTHCARE CENTER  
1114 CHATMAN BLVD  
BROOKSVILLE, FL 34601

**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

01/13/2011

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