

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001939

FILED
Jan 03, 2012
Secretary of State

Entity Name: BROOKSVILLE HEALTH CARE CENTER, LLC

Current Principal Place of Business:

BROOKSVILLE HEALTHCARE CENTER
1114 CHATMAN BLVD
BROOKSVILLE, FL 34601

New Principal Place of Business:

BROOKSVILLE HEALTHCARE CENTER
1114 CHATMAN BLVD
BROOKSVILLE, FL 34601 UN

Current Mailing Address:

BROOKSVILLE HEALTHCARE CENTER
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

01/03/2012

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