

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90133 003 ***138.75

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DOCUMENT # M00000001940 1. Entity Name BEAR CREEK NURSING CENTER, LLC					
Principal Place of Business BEARCREEK NURSING CENTER 8041 STATE ROAD 52 HUDSON, FL 34667			Mailing Address BEARCREEK NURSING CENTER 8041 STATE ROAD 52 HUDSON, FL 34667		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 62-1832453	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PERINE, BRIAN A. 8041 SR 52 HUDSON, FL 34667		7. Name and Address of New Registered Agent Name MARIA OWENS-WICKER Street Address (P.O. Box Number is Not Acceptable) 8041 S.R. 52 City HUDSON FL Zip Code 34667			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Maria Owens-Wicker</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWEENEY, PRESTON 745 S. CHURCH ST., SUITE 301 MURFREESBORO, TN 37130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BELL, JAMES ERIC 700 SE 8TH AVENUE CRYSTAL RIVER, FL 344294855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERINE, BRIAN 8041 STATE ROAD 52 HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA OWENS-WICKER 8041 S.R. 52 HUDSON FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Maria Owens-Wicker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					