

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001940

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: BEAR CREEK NURSING CENTER, LLC

**Current Principal Place of Business:**

BEARCREEK NURSING CENTER  
8041 STATE ROAD 52  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

BEARCREEK NURSING CENTER  
8041 STATE ROAD 52  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 62-1832453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWES-WICKER, MARIA  
8041 SR 52  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

OWENS-WICKER, MARIA  
8041 SR 52  
HUDSON, FL 34667 US

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: MARIA OWENS-WICKER

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: C ( ) Delete  
Name: SWEENEY, PRESTON  
Address: 745 S. CHURCH ST., SUITE 301  
City-St-Zip: MURFREESBORO, TN 37130

Title: VPS ( ) Delete  
Name: BELL, JAMES ERIC  
Address: 700 SE 8TH AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 344294855

Title: MGRM ( ) Delete  
Name: OWENS-WICKER, MARIA  
Address: 8041 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIA OWENS-WICKER

MGRM

02/13/2009

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