

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001940

FILED
Jan 27, 2010
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:

OWENS-WICKER, MARIA
8041 SR 52
HUDSON, FL 34667 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: SD
Name: BELL, JAMES ERIC
Address: 700 SE 8TH AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD
Name: SWEENEY, ERIC
Address: 206 FORTRESS BLVD.
City-St-Zip: MURFREESBORO, TN 37128

Title: D
Name: OWENS-WICKER, MARIA
Address: 8041 STATE ROAD 52
City-St-Zip: HUDSON, FL 34667

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: MARIA OWENS-WICKER

D

01/27/2010

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