

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001943**

1. Entity Name  
**HEATHER HILL NURSING CENTER, LLC**



Principal Place of Business  
**6630 KENTUCKY AVE.  
NEW PORT RICHEY, FL 34653**

Mailing Address  
**HEALTH SERVICES MANAGEMENT, INC.  
5630 KENTUCKY AVE.  
NEW PORT RICHEY, FL 34653**



07182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1832434**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOYD, MARJORIE ANN NHA  
6630 KENTUCKY AVE.  
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE  
IN THIS SPACE**

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 *Marjorie Ann Boyd NHA*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

*7-20-2005*  
DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **C**  
NAME **SWEENEY, PRESTON**  
STREET ADDRESS **745 SOUTH CHURCH ST., STE 301**  
CITY-STATE-ZIP **MURFREESBORO, TN 37130**

TITLE **VS**  
NAME **BELL, ERIC**  
STREET ADDRESS **700 SE 8TH AVE**  
CITY-STATE-ZIP **CRYSTAL RAIVER, FL 344294855**

TITLE **MBR**  
NAME **BOYD, MARJORIE ANN**  
STREET ADDRESS **6630 KENTUCKY AVE**  
CITY-STATE-ZIP **NEW PORT RICHEY, FL 34653**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
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CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1100000374364  
07/25/05-80006-015 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Marjorie Ann Boyd NHA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*7/20/2005* *727 849-6939*  
Date Daytime Phone #

**MARJORIE ANN BOYD, NHA**