

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001943

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** HEATHER HILL NURSING CENTER, LLC

**Current Principal Place of Business:**

6630 KENTUCKY AVE.  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6630 KENTUCKY AVE.  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 62-1832434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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:** MGR  
**Name:** BELL, JAMES ERIC  
**Address:** 6208 W CORPORATE OAKS DR  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

**Title:** MGR  
**Name:** SWEENEY, ERIC P  
**Address:** 206 FORTRESS BLVD  
**City-St-Zip:** MURFREESBORO, TN 37128

**Title:** MGR  
**Name:** NEELY, WILLIAM H  
**Address:** 206 FORTRESS BLVD  
**City-St-Zip:** MURFREESBORO, TN 31728

**Title:** MGR  
**Name:** JACKSON, BRIAN  
**Address:** 6630 KENTUCKY AVE.  
**City-St-Zip:** NEW PORT RICHEY, FL 34653

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:** BRIAN JACKSON

MGR

02/16/2010

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