

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001944

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** ROYAL OAK NURSING CENTER, LLC

**Current Principal Place of Business:**

ROYAL OAK NURSING CENTER  
37300 ROYAL OAK LANE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

ROYAL OAK NURSING CENTER  
37300 ROYAL OAK LANE  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 62-1832435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: SD  
Name: BELL, JAMES E  
Address: 7056 W GULF TO LAKE HWY  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D  
Name: HOWARD, ANITA E  
Address: 37300 ROYAL OAK LANE  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: NEELY, WILLIAM H  
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: ANITA E HOWARD

NHA

02/08/2012

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