2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# M01000000520

Entity Name: HEALTH FACILITIES GROUP, L.L.C.

Current Principal Place of Business:

142 N. MOSLEY ST.
SUITE 300
WICHITA, KS 67202

New Principal Place of Business:

Current Mailing Address:

142 N. MOSLEY ST.
SUITE 300
WICHITA, KS 67202

New Mailing Address:

FEI Number: 48-1154636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, STE 2800
MIAMI, FL 331312144 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 ( ) Delete
Name: LEWALLEN, STEPHEN L
Address: 142 N. MOSLEY ST., SUITE 300
City-St-Zip: WICHITA, KS 67202

Title: MGR ( ) Delete
Name: WRIGHT, DAVID C
Address: 142 N. MOSLEY ST., SUITE 300
City-St-Zip: WICHITA, KS 67202

ADDITIONS/CHANGES:

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 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: STEPHEN L LEWALLEN MGR 02/06/2007

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