

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000771

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUNLAND-VERO BEACH, LLC

Current Principal Place of Business:

7201 SHALLOWFORD ROAD, SUITE 200
CHATTANOOGA, TN 37421

New Principal Place of Business:

Current Mailing Address:

7201 SHALLOWFORD ROAD, SUITE 200
CHATTANOOGA, TN 37421

New Mailing Address:

FEI Number: 75-3137995

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 DRIVE
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 () Delete
Name: SUNLAND HEALTHCARE F, UNDI LLC
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: TAYLOR, CRAIG
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: MGR () Change (X) Addition
Name: O'BRIEN, JOHN P JR.
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG TAYLOR

MGR

04/28/2008

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