

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003015

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** LIGHTHOUSE NURSING SERVICES, LLC

**Current Principal Place of Business:**

1040 KEITH DRIVE  
PERRY, GA 31069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1040 KEITH DRIVE  
PERRY, GA 31069 US

**New Mailing Address:**

**FEI Number:** 20-1168155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JULIE, BEALE  
800 HIGHLAND AVENUE  
#3  
LARGO, FL 33770 US

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

JULIE, BEALE  
1222 SEVENTH AVE NE  
LARGO, FL 33770 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:

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAILEY, LINDSEY  
Address: 1040 KEITH DRIVE  
City-St-Zip: PERRY, GA 31069 US

**ADDITIONS/CHANGES:**

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

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: LINDSEY DAILEY

MGR

03/20/2009

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