2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M06000003811



FILED

Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90030 006 ****50.00

WINTER HAVEN FACILITY OPERATIONS, LLC

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Principal Plac	ce of Business		Mailing Address				n D D D J	2105		
400 LAZELL COLUMBUS,	E ROAD, STE OH 43240	. 10	400 LAZELLE ROAD, STE. 10 COLUMBUS, OH 43240				ouuq	4133		
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State			4. FEI Num 20-51				oplied For ot Applicable
Zip Country			Zip Country			5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent						7. Name an	d Address of New R	legistered Ag	gent	
40000					Name					
A.G.C. CC 200 S. OR ORLANDO	RANGE AV	ENUE STE. 2300	Street Addre		ddress (P.O. Box Num	ss (P.O. Box Number is Not Acceptable)				
	,				City				Zip Cod	le
					- ',			FL		
	named entity tions of registe		the purpose of changing it	s register	ed office or	registered agent, or b	oth, in the State of Fig	orida. Tam fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE Registere	ed Agent signal.	re required when reinstating)		DATE		
	iling Fee i ue by May						•	e check pay a Departmer	•	e
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGRM	THE WAY CONTO THE MICHIEL	☐ Delete	TITU	1		***************************************		Change	Addition
NAME	-	TE HEALTH CARE, LL		NAME			liter, PRES	,	onunge	T
STREET ADDRESS 800 CONCOURSE PARKWAY S.			STE. 200 STRE		EET ADDRESS		800 Concourse Pkwy S. Maitland, FL 32751			
CITY - ST - ZIP	MAITLANG	СІТУ		'-ST-ZIP	Maitiano	, FL 32731				
TITLE			☐ Delete	TITL	E	Mork Io	nnson, VP/SEC	Ï	☐ Change	Addition
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TITLE NAME			☐ Delete	TITU	E 1E			[Change	☐ Addition
TITLE			☐ Delete	TITLI NAM STRE	E			(Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SILLITER

Daytime Phone #