

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003816

FILED
Mar 08, 2010
Secretary of State

Entity Name: WEST ALTAMONTE FACILITY OPERATIONS, LLC

Current Principal Place of Business:

800 CONOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

800 CONOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-5114358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, SHARON
800 CONOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751 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: MGRM
Name: CONSULATE HEALTH CARE, LLC
Address: 800 CONOURSE PARKWAY S., STE. 200
City-St-Zip: MAITLAND, FL 32751

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: JOSEPH CONTE

P

03/08/2010

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