

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003822

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: BRANDON FACILITY OPERATIONS, LLC

## Current Principal Place of Business:

400 LAZELLE ROAD STE 10  
COLUMBUS, OH 43240

## New Principal Place of Business:

800 CONOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

## Current Mailing Address:

400 LAZELLE ROAD STE 10  
COLUMBUS, OH 43240

## New Mailing Address:

800 CONOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

FEI Number: 20-5109231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A.G.C. CO.  
200 S. ORANGE AVE. STE 2300  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

MASON, SHARON  
800 CONOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751 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: SHARON MASON

03/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CONSULATE HEALTH CAR, E, L.L.C.  
Address: 800 CONOURSE PARKWAY S. SUITE 200  
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete  
Name: SILLITER, JOHN  
Address: 800 CONOURSE PKWY S  
City-St-Zip: MAITLAND, FL 32751

Title: VPS ( ) Delete  
Name: JOHNSON, MARK  
Address: 800 CONOURSE PKWY S  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: KEENAN, JOE  
Address: 800 CONOURSE PKWY S  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

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

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

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 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: JOSEPH CONTE

P

03/05/2008

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