

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003823

FILED
Mar 05, 2008
Secretary of State

Entity Name: PORT CHARLOTTE 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: 20-5114051

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, LLC
Address: 800 CONOURSE PARKWAY S. STE 200
City-St-Zip: MIATLAND, FL 32751

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

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

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

ADDITIONS/CHANGES:

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

Title: P (X) Change () Addition
Name: SILLITER, JOHN
Address: 800 CONOURSE PKWY S., STE. 200
City-St-Zip: MAITLAND, FL 32751

Title: VS (X) Change () Addition
Name: JOHNSON, MARK
Address: 800 CONOURSE PKWY S., STE. 200
City-St-Zip: MAITLAND, FL 32751

Title: T (X) Change () Addition
Name: KEEMAN, JOE
Address: 800 CONOURSE PKWY S., STE. 200
City-St-Zip: MAITLAND, FL 32751

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