

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003834

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: MIAMI FACILITY OPERATIONS, LLC

**Current Principal Place of Business:**

800 CONCOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

800 CONCOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 20-5112030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MASON, SHARON  
800 CONCOURSE 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 ( ) Delete  
Name: CONSULATE HEALTH CARE, LLC  
Address: 800 CONCOURSE PARKWAY S., STE. 200  
City-St-Zip: MAITLAND, FL 32751

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

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

Title: T (X) Delete  
Name: KEENAN, JOE  
Address: 800 CONCOURSE PKWY SOUTH  
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: JOHN SILLITER

P

04/21/2009

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