

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 08, 2010  
Secretary of State**

DOCUMENT# M06000003834

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  
Name: CONSULATE HEALTH CARE, LLC  
Address: 800 CONCOURSE 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

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