

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000520

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** HERITAGE HEALTHCARE OF SANTA ROSA, LLC

**Current Principal Place of Business:**

1626 JEURGENS COURT  
NORCROSS, GA 30093

**New Principal Place of Business:**

**Current Mailing Address:**

211 EAST DOYLE STREET  
TOCCOA, GA 30577

**New Mailing Address:**

**FEI Number:** 02-0615724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: UNITED HEALTH SERVICES OF FLORIDA, INC.  
Address: 211 E DOYLE STREET, PO BOX 1210  
City-St-Zip: TOCCOA, GA 30577

Title: CEO  
Name: PRUITT, NEIL L JR  
Address: 1626 JEURGENS COURT  
City-St-Zip: NORCROSS, GA 30093

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: NEIL L. PRUITT, JR.

CEO

04/19/2010

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