## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am

HEALTH CARE & RETIREMENT CORP OF AMERICA STREET ADDRESS CITY-ST-ZIP TOLEDO, OH 43604  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # M0700005236  1. Entity Name HEARTLAND OF BROOKSVILLE FL, LLC							008 90018 006 *	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1172008 Chg-LLC CR2693 (12/06)  City & State   City & State   Chy & State   4. FEI Number   26.0623416   Not Applicable   Not Applicable   S. Certificate of Status Desired   \$5.00 Additional   Not Applicable   S. Certificate of Status Desired   \$5.00 Additional   Not Applicable   S. Certificate of Status Desired   S. Certificate of	333 N. SUMI	MIT STREET	333 N. SUMMIT STREE	333 N. SUMMIT STREET				500050	45
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1172008 Chg-LLC CR2693 (12/06)  City & State   City & State   Chy & State   4. FEI Number   26.0623416   Not Applicable   Not Applicable   S. Certificate of Status Desired   \$5.00 Additional   Not Applicable   S. Certificate of Status Desired   \$5.00 Additional   Not Applicable   S. Certificate of Status Desired   S. Certificate of	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
City & State  City & State  City & State  City & State  A. FEI Number 26-0623416  Not Applicable  Not Applicable  St. Ocurrity  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324  City  City  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  City  FL  Zip Code  Code  FL  Zip Code  Code  FL  Zip Code  Code  City  FL  Zip Code	Suite, Apt. #, etc.		Suite, Apt. #, etc.				47 <b>25</b> 47 <b>25167 2</b> 116 <b>2</b> 142 <b>2</b> 161		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional   \$5.00 Addi	City & State		City & State		Į.	er		Applied For	
Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Count	ry				Additional
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co		6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)  City					Name				
B. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   The continue	1200 SOUTH PINE ISLAND ROAD				Street Addre	iss (P.Q. Box Numb	er is Not Acceptable	e)	
THE Hobitigations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75   MANAGING MEMBERS/MANAGERS  ITILE  MGRM HEALTH CARE & RETIREMENT CORP OF AMERICA SIREFADORSS CITY-51-2P  TOLEDO, OH 43604  TILE NAME SIREFADORSS CITY-51-2P  TOLEDO, OH 43604  TILE NAME SIREFADORSS CITY-51-2P  TILE NAME SIREFADORSS CITY-51-2P  TILE NAME SIREFADORSS CITY-51-2P  TILE NAME SIREFADORSS CITY-51-2P  TITLE NAME SIREFADO					City	<u></u>		FL Zip C	ode
THE Hobitigations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75   MANAGING MEMBERS/MANAGERS  ITILE  MGRM HEALTH CARE & RETIREMENT CORP OF AMERICA SIREFADORSS CITY-51-2P  TOLEDO, OH 43604  TILE NAME SIREFADORSS CITY-51-2P  TOLEDO, OH 43604  TILE NAME SIREFADORSS CITY-51-2P  TILE NAME SIREFADORSS CITY-51-2P  TILE NAME SIREFADORSS CITY-51-2P  TILE NAME SIREFADORSS CITY-51-2P  TITLE NAME SIREFADO	8. The above	named entity submits this statement f	for the purpose of changing its	s registere	d office or reg	istered agent, or bo	th, in the State of Flo	orida. I am familiar w	rith, and accept
FILE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS	the obligat	tions of registered agent.							
### After May 1, 2008 Fee will be \$538.75    MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES		Signature, typed or printed name of registered agen	t and title if applicable. (NOT	FE: Registered	Agent signature rec	quired when reinstating)		DATE	
ITILE NAME NAME NAME NAME NAME NAME NAME NAME			<b>'</b> 5						
NAME SIREET ADDRESS CITY-ST-ZIP TOLEDO, OH 43604    Delete	9.			10.			ADDITIONS	/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS	NAME STREET ADDRESS	HEALTH CARE & RETIREMENT 333 N. SUMMIT STREET		NAME STREE	ET ADDRESS H	GRM CR III He	althcore,	•	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS		13223, 311 1337			3. 23	33 N. Ju	IMMIE DE	<u>- (0(200, 1</u>	0/1 7 3609
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		□ Delete	NAME STREE	ET ADDRESS			Crani	je 🗀 voorion
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			☐ Chan	ge 🔲 Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	ET ADDRESS			☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS  NAME STREET ADDRESS	NAME Street address		☐ Delete	TITLE NAME STREE	ET ADDRESS			☐ Chan	ge Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			☐ Chang	ge Addition

AND TYPED OR PHINTED NAME OF SIGNING WANGER, MANAGER, OR AUTHORIZED REPRESENTATIVE