

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005940

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** RIVERWOOD NURSING CENTER, LLC

**Current Principal Place of Business:**

16 NORCROSS STREET, SUITE 100  
ROSWELL, GA 30075

**New Principal Place of Business:**

**Current Mailing Address:**

16 NORCROSS STREET, SUITE 100  
ROSWELL, GA 30075

**New Mailing Address:**

**FEI Number:** 26-0145074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHN F. GILROY, III, P.A.  
1695 METROPOLITAN CIRCLE  
SUITE 2  
TALLAHASSEE, FL 32308 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: FLORY, MARY LU  
Address: 16 NORCROSS STREET, SUITE 100  
City-St-Zip: ROSWELL, GA 30075

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: MARY LU FLORY

MGR

04/28/2010

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