

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003940

Entity Name: FLORIDA FACILITIES, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4 WEST RED OAK LN.
WHITE PLAINS, NY 10604

New Principal Place of Business:

2 NORTH PALAFOX STREET
PENSACOLA, FL 32502

Current Mailing Address:

4 WEST RED OAK LN.
WHITE PLAINS, NY 10604

New Mailing Address:

2 NORTH PALAFOX STREET
PENSACOLA, FL 32502

FEI Number: 26-2577948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
516 EAS PARK AVENUE
TALLAHASSEE, FL 32301 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 () Delete
Name: GULF COAST HEALTH CARE, LLC
Address: 4 WEST RED OAK LN.
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES:

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: DANA MARTINEZ-JONES

MS.

04/28/2009

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