

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# M08000005184

Entity Name: MF HALIFAX, LLC

Current Principal Place of Business:

4 WEST RED OAK LANE, SUITE 201
C/O GULF COAST HEALTH CARE, LLC
WHITE PLAINS, NY 10604

New Principal Place of Business:

2 NORTH PALAFOX STREET
C/O GULF COAST HEALTH CARE, LLC
PENSACOLA, FL 32502

Current Mailing Address:

4 WEST RED OAK LANE, SUITE 201
C/O GULF COAST HEALTH CARE, LLC
WHITE PLAINS, NY 10604

New Mailing Address:

2 NORTH PALAFOX STREET
C/O GULF COAST HEALTH CARE, LLC
PENSACOLA, FL 32502

FEI Number: 26-3754958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
515 EAST 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: MGRM () Delete
Name: FLORIDA FACILITIES, LLC
Address: 4 WEST RED OAK LANE, SUITE 201
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