

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000757

FILED
Jan 05, 2007
Secretary of State

Entity Name: AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC

Current Principal Place of Business:

5800 TENNYSON PARKWAY
PLANO, TX 75024

New Principal Place of Business:

Current Mailing Address:

5800 TENNYSON PARKWAY
PLANO, TX 75024

New Mailing Address:

FEI Number: 62-1744953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SHELTON, JAMES D
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR () Delete
Name: HURLEY, REBECCA
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR () Delete
Name: FRAZIER, TOM
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR () Delete
Name: LOVE, STEPHEN W
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

Title: MGR () Delete
Name: FRUTIGER, ROBERT
Address: 5800 TENNYSON PARKWAY
City-St-Zip: PLANO, TX 75024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: REBECCA HURLEY

MGR

01/05/2007

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