

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000757

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC

**Current Principal Place of Business:**

4000 MERIDIAN BLVD  
FRANKLIN, TN 37067

**New Principal Place of Business:**

**Current Mailing Address:**

4000 MERIDIAN BLVD  
FRANKLIN, TN 37067

**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: MGRM  
Name: QUORUM HEALTH RESOURCES, LLC  
Address: 4000 MERIDIAN BLVD  
City-St-Zip: FRANKLIN, TN 37067

Title: MGR  
Name: CASH, LARRY W  
Address: 4000 MERIDIAN BLVD  
City-St-Zip: FRANKLIN, TN 37067

Title: MGR  
Name: SCHWEINHART, MARTIN G  
Address: 4000 MERIDIAN BLVD  
City-St-Zip: FRANKLIN, TN 37067

Title: MGR  
Name: SEIFERT, RACHEL A  
Address: 4000 MERIDIAN BLVD  
City-St-Zip: FRANKLIN, TN 37067

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: RACHEL A. SEIFERT

MGR

04/22/2010

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