

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010077

**Entity Name:** BROOKWOOD-EXTENDED CARE CENTER OF HOMESTEAD, LLC

**Current Principal Place of Business:**

545 WAHOO ROAD  
PANAMA CITY, FL 32408

**Current Mailing Address:**

PO BOX 27790  
PANAMA CITY, FL 32411

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DIAZ, ROLANDO A. ESQ.  
1430 S DIXIE HWY  
STE 313  
CORAL GABLES, FL 33146-3127 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name BLUE HERON, LLC  
Address 3993 HOWARD HUGHES PARKWAY,  
SUITE 250  
City-State-Zip: LAS VEGAS NV 89169

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH P. GUMMELS

MGR

03/27/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date