2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2015
Secretary of State
CC3788741858

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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: BLUE HERON, LLC MANAGER 03/21/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date