

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049844

Entity Name: HILLSBOROUGH EXTENDED CARE, LLC

Current Principal Place of Business:

19091 NORTH DALE MABRY HWY
LUTZ, FL 33548

Current Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420

FEI Number: 20-1631484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALCZAK, PAUL
2979 PGA BLVD.
SUITE 201
PALM BEACH GARDENS, FL 33410 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: PAUL WALCZAK

04/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NHI INVESTMENT MANAGEMENT, LLC
Address PO BOX 31809
City-State-Zip: PALM BEACH GARDENS FL 33420

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: PAUL M WALCZAK

REGISTERED AGENT

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date