

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049844

**Entity Name:** HILLSBOROUGH EXTENDED CARE, LLC

**Current Principal Place of Business:**

2979 PGA BLVD  
STE 201  
PALM BEACH GARDENS, FL 33410

**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

04/30/2018

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 WALCZAK

REGISTERED AGENT

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date