



Form Revision Date 07/2016

ANNUAL STATEMENT
 For use by DOMESTIC LIMITED LIABILITY COMPANY
 (Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 802398788

Annual Statement Filing Year: 2020

1. Limited Liability Company Name:
 SYMPHONY OF BRIGHTON HEALTHCARE CENTER, LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:
 1. Resident Agent Name: CSC-LAWYERS INCORPORATING SERVICE (COMPANY)
 2. Street Address: 2900 WEST ROAD STE 500
 Apt/Suite/Other:
 City: EAST LANSING
 State: MI Zip Code: 48823

3. Mailing address of the registered office:
 P.O. Box or Street Address: 2900 WEST ROAD STE 500
 Apt/Suite/Other:
 City: EAST LANSING
 State: MI Zip Code: 48823

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 28th Day of February, 2022 by:

Signature	Title	Title if "Other" was selected
David Hartman	Manager	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the 2020 ANNUAL STATEMENT

for

SYMPHONY OF BRIGHTON HEALTHCARE CENTER, LLC

ID Number: 802398788

received by electronic transmission on February 28, 2022 **, is hereby endorsed.**

Filed on February 28, 2022 **, by the Administrator.**

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28th day of February, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau