

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009849

FILED
Jan 14, 2009
Secretary of State

Entity Name: ALTERCARE OF PALM BEACH COUNTY, LLC

Current Principal Place of Business:

7404 BONDSBERRY CT./CO ALAN POSNER
BOCA RATON, FL 33434 PB

New Principal Place of Business:

4731 W ATLANTIC AVENUE
B-10
DELRAY BEACH, FL 33445 US

Current Mailing Address:

7404 BONDSBERRY CT./CO ALAN POSNER
BOCA RATON, FL 33434 PB

New Mailing Address:

4731 W ATLANTIC AVENUE
B-10
DELRAY BEACH, FL 33445 US

FEI Number: 11-3836040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, ALAN J MR.
7404 BONDSBERRY CT.
BOCA RATON, FL, FL 33434, PB US

Name and Address of New Registered Agent:

POSNER, ALAN J MR.
7404 BONDSBERRY CT.
BOCA RATON, FL 33434 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: ALAN POSNER

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POSNER, ALAN J MR.
Address: 7404 BONDSBERRY CT.
City-St-Zip: BOCA RATON, FL 33434 PB

Title: MGR () Delete
Name: DORETSKY, DAVE
Address: 7404 BONDSBERRY CT.
City-St-Zip: BOCA RATON, FL 33434 PB

Title: MGR () Delete
Name: LEVITIN, MALCOLM
Address: 349 LINCOLN AVE.
City-St-Zip: ROCKVILLE CENTER, NY 11570 PB

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALAN POSNER

PRES

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date