

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091275

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** ROUSEAU HEALTH CARE SERVICE LLC

**Current Principal Place of Business:**

3965 NW 87TH AVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

2255 GLADES ROAD  
324A  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

3965 NW 87TH AVE  
SUNRISE, FL 33351

**New Mailing Address:**

604 BANYAN TRAIL  
# 812192  
BOCA RATON, FL 33481 US

**FEI Number:** 80-0482068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, LEIGHTON O MR.  
4021 NW 91ST TERRACE  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

GORDON, LEIGHTON O  
4021 NW 91ST TERRACE  
SUNRISE, FL 33351 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: LEIGHTON GORDON

04/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEWART, CAVEL  
Address: 2255 GLADES ROAD, 324A  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR  
Name: CLARKE, DAVIAN  
Address: 274 MADISON AVE  
City-St-Zip: IRVINGSTON, NJ 07111 US

Title: MGR  
Name: WYNTER-PHILLIPS, BEVERLEY  
Address: 2255 GLADES ROAD, 324A  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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: CAVEL STEWART

MGRM

04/28/2012

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