2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2018
Secretary of State
CC8342581252

DOCUMENT# L01000004512

Entity Name: MANOR PINES CONVALESCENT CENTER, LLC

Current Principal Place of Business:

1701 N.E. 26TH STREET
WILTON MANORS, FL 33305

Current Mailing Address:

1601 NE 26TH STREET
WILTON MANORS, FL 33305

FEI Number: 65-1086367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARRINSON, RALPH A
1601 N.E. 26TH STREET
WILTON MANORS, FL 33305 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	MARRINSON, RALPH A
Address	1601 NE 26TH STREET
City-State-Zip:	WILTON MANORS FL 33305

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: RALPH A. MARRINSON CEO 01/09/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date