

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004379

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** OCEAN VIEW NURSING & REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

2810 SOUTH ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

5310 NW 33RD AVENUE  
SUITE 211  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1002388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEISMAN, ANDREW S  
5310 NW 33RD AVENUE  
SUITE 211  
FT LAUDERDALE, FL 33309 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HBA HEALTH SYSTEMS LLC  
**Address:** 5310 NW 33 AVE E211  
**City-St-Zip:** FT LAUDERDALE, FL 33309

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: ANDREW S WEISMAN

MGR

03/15/2011

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