

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004380

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** PLANTATION NURSING & REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

4250 NW 5TH STREET  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1002392      **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 ( ) Delete  
Name: HBA HEALTH SYSTEMS LLC  
Address: 5310 NW 33 AVE #211  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

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: ANDREW S WEISMAN FOR HBA HEALTH SYSTEMS MGR 04/27/2009

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