2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L00000004382

Entity Name: PINECREST CONVALESCENT CENTER, LLC

Current Principal Place of Business:

13650 NE 3RD CT
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1002398 **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 L, LC
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: HBA HEALTH SYSTEMS, LLC MGR 04/29/2007

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