

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000004382

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**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:**

13650 NE 3RD CT  
NORTH MIAMI, FL 33161

**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  
Name: HBA HEALTH SYSTEMS LLC  
Address: 5310 NW 33 AVE #211  
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 HBA HEALTH SYSTEMS LLC MGR 04/27/2011

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