

2001 UNIFORM BUSINESS REPORT (UBR)

0009622 AF

DOCUMENT # L00000014718

1. Entity Name
SOUTH FLORIDA ACUTE CARE, L.L.C.

FILED

01 JAN 18 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3191 CORAL WAY
SUITE 303
MIAMI FL 33145

Mailing Address

3191 CORAL WAY
SUITE 303
MIAMI FL 33145

2. Principal Place of Business

1551 Sawgrass Corp. Parkway
Suite, Apt. #, etc.
Suite 110

City & State
Sunrise Florida

Zip Country
33323 USA

3. Mailing Address

1551 Sawgrass Corp. Parkway
Suite, Apt. #, etc.
Suite 110

City & State
Sunrise Florida

Zip Country
33323 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1062679

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAFFOS, STEVEN
16480 S POST RD
#104
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 STEVEN ZAFFOS CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003572616--9
-01/24/01--01021--035
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jose Armas 500 Marqresa Drive Coral Gables FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Steven Zaffos 16480 S Post Rd #104 Weston FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: STEVEN ZAFFOS MEMBER/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/01
Date

954/835-0750
Daytime Phone #

CR2E083 (11/00)