

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014718

FILED
Jan 09, 2004
Secretary of State

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

Current Principal Place of Business:

1551 SAWGRASS CORP. PKWY
SUITE 110
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1551 SAWGRASS CORP. PKWY
SUITE 110
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-1062679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAFFOS, STEVEN
1551 SAWGRASS CORP. PKWY
SUITE 110
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

KLEIN, BRENT D
TWO ALHAMBRA PLAZA
PENTHOUSE II B
CORAL GABLES, FL 33134 US

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: BRENT D. KLEIN

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARMAS, JOSE
Address: 1551 SAWGRASS CORP. PKWY, SUITE 110
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: ZAFFOS, STEVEN
Address: 1551 SAWGRASS CORP. PKWY, SUITE 110
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN ZAFFOS

MGRM

01/09/2004

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