2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014718

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

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1551 SAWGRASS CORP. PKWY SUITE 110 SUNRISE, FL 33323

Current Mailing Address: New Mailing Address:

1551 SAWGRASS CORP. PKWY PO BOX 266211

SUITE 110 WESTON, FL 333266211 SUNRISE, FL 33323

FEI Number: 65-1062679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLEIN, BRENT D 701 BRICKELL AVENUE STE. 1900 MIAMI, FL 33131 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: ARMAS, JOSE Name: ARMAS, JOSE
Address: 1551 SAWGRASS CORP. PKWY, SUITE 110 Address: PO BOX 266211

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: WESTON, FL 333266211

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ZAFFOS, STEVEN Name: ZAFFOS, STEVEN

Address: 1551 SAWGRASS CORP. PKWY, SUITE 110 Address: PO BOX 266211

City-St-Zip: SUNRISE, FL 33323 Core Free State For Box 200211 City-St-Zip: WESTON, FL 333266211

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN ZAFFOS MGRM 02/13/2007