

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014718

FILED
Jan 06, 2008
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:

1874 HIDDEN TRAIL LANE
WESTON, FL 33327

Current Mailing Address:

PO BOX 266211
WESTON, FL 333266211

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:

KLEIN, BRENT D
701 BRICKELL AVENUE
STE. 1900
MIAMI, FL 33131 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: MGRM () Delete
Name: ARMAS, JOSE
Address: PO BOX 266211
City-St-Zip: WESTON, FL 333266211

Title: MGRM () Delete
Name: ZAFFOS, STEVEN
Address: PO BOX 266211
City-St-Zip: WESTON, FL 333266211

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 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

01/06/2008

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