

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014718

FILED
Jan 04, 2011
Secretary of State

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

Current Principal Place of Business:

1874 HIDDEN TRAIL LANE
WESTON, FL 33327

New Principal Place of Business:

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
Name: ARMAS, JOSE
Address: PO BOX 266211
City-St-Zip: WESTON, FL 333266211

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

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: STEVEN ZAFFOS

MGRM

01/04/2011

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