

# **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