

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90105 013 \*\*\*\*\*50.00

**DOCUMENT # L00000014718**

1. Entity Name

**SOUTH FLORIDA ACUTE CARE, L.L.C.**



Principal Place of Business

**1551 SAWGRASS CORP. PKWY  
SUITE 110  
SUNRISE FL 33323**

Mailing Address

**1551 SAWGRASS CORP. PKWY  
SUITE 110  
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1062679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ZAFFOS, STEVEN  
16480 S POST RD  
#104  
WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

**ZAFFOS, STEVEN**

Street Address (P.O. Box Number is Not Acceptable)

**1551 SAWGRASS CORP. PKWY**

**SUITE 110**

City

**SUNRISE**

**FL**

Zip Code

**33323**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**MEMBER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/8/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ARMAS, JOSE**  
STREET ADDRESS **500 MARQUESA DR.**  
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **MEM** ☐ Delete  
NAME **ZAFFOS, STEVEN**  
STREET ADDRESS **16480**  
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1551 SAWGRASS CORP. PKWY, SUITE 110**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1551 SAWGRASS CORP. PKWY, SUITE 110**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/8/03**

Date

**954/835-0750**

Daytime Phone #

CR2E083 (10/02)