

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001501

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** AFFINITY HEALTHCARE CENTER AT WATERFORD LAKES, P.L.

**Current Principal Place of Business:**

875 N. ALAFAYA TR.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

875 N. ALAFAYA TR.  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 75-2982346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDASARE, BRENT D.C.  
875 N. ALAFAYA TRAIL  
ORLANDO, FL 32828 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: BALDASARE, BRENT D.C.  
Address: 2806 NHAMPTON AVE  
City-St-Zip: ORLANDO, FL 32828

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: BRENT BALDASARE

MNGR

02/09/2011

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