

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046752

FILED
Apr 27, 2005
Secretary of State

Entity Name: UNITED HEALTH AND REHABILITATION CENTER LLC

Current Principal Place of Business:

50 NW 109TH STREET
MIAMI SHORES, FL 33168

New Principal Place of Business:

3085 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

50 NW 109TH STREET
MIAMI SHORES, FL 33168

New Mailing Address:

3085 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 54-2134924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESTOR, MARC
50 NW 109TH STREET
MIAMI SHORES, FL 33168 US

Name and Address of New Registered Agent:

NESTOR, MARC DC
3085 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160 US

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: MARC NESTOR

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NESTOR, LILIAN
Address: 2620 NE 135TH STREET, APT. 24
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: NESTOR, MARC A
Address: 2620 NE 135TH STREET, APT. 24
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: NESTOR, JAMES
Address: 17145 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NESTOR, LILIAN
Address: 3085 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM (X) Change () Addition
Name: NESTOR, MARC A DC
Address: 3085 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM (X) Change () Addition
Name: NESTOR, JAMES DC
Address: 3085 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARC NESTOR

MGR

04/27/2005

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