2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# L03000046752

Entity Name: UNITED HEALTH AND REHABILITATION CENTER LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 DC
3085 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160 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: NESTOR, LILIAN
Address: 3085 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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

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

Title: MGRM
Name: NESTOR, MARIE
Address: 3085 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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 Statues.

SIGNATURE: MARC NESTOR MGRM 04/30/2011

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