

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000046752

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** UNITED HEALTH AND REHABILITATION CENTER LLC

**Current Principal Place of Business:**

2040 NE 163RD STREET  
208  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

2040 NE 163RD STREET  
208  
NORTH MIAMI BEACH, FL 33162 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:**

NESTOR, MARC DC  
2040 NE 163RD STREET  
208  
NORTH MIAMI BEACH, FL 33162 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

09/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NESTOR, MARC A DC  
Address: 2040 NE 163RD STREET STE 208  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: NESTOR, JAMES DC  
Address: 2040 NE 163RD STREET STE 208  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MARC NESTOR

MGRM

09/30/2013

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