

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033656

FILED
Jan 20, 2008
Secretary of State

Entity Name: WILLISTON REHABILITATION AND NURSING CENTER LLC

Current Principal Place of Business:

300 NW FIRST AVENUE
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

TZVI BOGOMILSKY
1835 NE MIAMI GARDENS DRIVE #368
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-4605957 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLSTATE CORPORATE SERVICES CORP.
653 WEST 23RD STREET
SUITE 229
PANAMA CITY, FL 32405 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 () Delete
Name: BOGOMILSKY, TZVI
Address: 7410 BEACHVIEW DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACOB KARMEI

CFO

01/20/2008

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