

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # L06000053789

1. Entity Name

ACOMED HEALTHCARE CENTER,, LLC



Principal Place of Business

2331 NORTH STATE ROAD 7
UNIT 222
LAUDERHILL FL 33313

Mailing Address

2331 NORTH STATE ROAD 7
UNIT 222
LAUDERHILL FL 33313

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number 20-4939500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENIS, SAMSON
3196 N.W. 88TH AVENUE
UNIT 610
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SAFAITE, MARIE R
STREET ADDRESS 4471 NW 106TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Change ☐ Addition
U00000801218
02/01/08-80009-018 138.75

TITLE MGR ☐ Delete
NAME DENIS, BOSSANT T
STREET ADDRESS 6950 LANDINGS DRIVE APT 205
CITY-ST-ZIP LAUDERHILL FL 33319

☐ Change ☐ Addition

TITLE SECR ☐ Delete
NAME SAFAITE, FRANCES
STREET ADDRESS 4471 NW 106TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Change ☐ Addition

TITLE TREA ☐ Delete
NAME BALTAZAR, SHELLA
STREET ADDRESS 3196 NW 88TH AVENUE UNIT 610
CITY-ST-ZIP SUNRISE FL 33351

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME DENIS, SAMSON
STREET ADDRESS 3196 N.W. 88TH AVENUE UNIT 610
CITY-ST-ZIP SUNRISE FL 33351

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/25/2008