

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053789

FILED
Jan 06, 2009
Secretary of State

Entity Name: ACOMED HEALTHCARE CENTER,, LLC

Current Principal Place of Business:

2331 NORTH STATE ROAD 7
UNIT 222
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

2331 NORTH STATE ROAD 7
UNIT 222
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 20-4939500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENIS, SAMSON
3196 N.W. 88TH AVENUE
UNIT 610
SUNRISE, FL 33351 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: MGR () Delete
Name: SAFAITE, MARIE R
Address: 4471 NW 106TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: DENIS, BOSSANT T
Address: 6950 LANDINGS DRIVE APT 205
City-St-Zip: LAUDERHILL, FL 33319

Title: SECR () Delete
Name: SAFAITE, FRANCES
Address: 4471 NW 106TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TREA () Delete
Name: BALTAZAR, SHELLA
Address: 3196 NW 88TH AVENUE UNIT 610
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: DENIS, SAMSON
Address: 3196 N.W. 88TH AVENUE UNIT 610
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

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

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

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

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

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: SAMSON DENIS

MGR.

01/06/2009

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