

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053789

FILED  
Jan 08, 2010  
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  
Name: SAFAITE, MARIE R  
Address: 4471 NW 106TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

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

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

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: SAMSON DENIS

MGR

01/08/2010

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