2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000072716

Entity Name: BEST CARE MEDICAL REHABILITATION, LLC.

Current Principal Place of Business:

2704 W. OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5867
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 20-5241537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DERONVIL, KELIN
6499 RACQUET CLUB DR
LAUDERHILL, FL 33319 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: DERONVIL, KELIN
Address: 6499 RACQUET CLUB DR
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM ( ) Delete
Name: PIERRE, ROOLS
Address: 1040 D SUMMIT PLACE CIR
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

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: KELIN DERONVIL MGRM 05/01/2009

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