

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013457

FILED
Jul 14, 2009
Secretary of State

Entity Name: THE FAMILY CENTER AT SUNRISE, LLC

Current Principal Place of Business:

550 BILTMORE WAY, PENTHOUSE THREE A
CORAL GABLES, FL 33134 US

New Principal Place of Business:

555 SW 148TH AVE.
SUNRISE, FL 33325 US

Current Mailing Address:

550 BILTMORE WAY, PENTHOUSE THREE A
CORAL GABLES, FL 33134 US

New Mailing Address:

555 SW 148TH AVE.
SUNRISE, FL 33325 US

FEI Number: 26-1922888 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:

HIRSCHHORN, JOEL
550 BILTMORE WAY, PENTHOUSE THREE A
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GARCIA, EDUARDO
555 SW 148TH AVE.
SUNRISE, FL 33325 US

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: EDUARDO GARCIA

07/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOMBART, LOUIS
Address: 1221 BRICKELL AVENUE, SUITE 1650
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOMBART, LOUIS
Address: 555 SW 148TH AVE.
City-St-Zip: SUNRISE, FL 33325 US

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: LOUIS BOMBART

CEO

07/14/2009

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