

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017616

FILED
Apr 15, 2009
Secretary of State

Entity Name: PREMIER CARE PROFESSIONAL NURSING CENTER, LLC

Current Principal Place of Business:

5350 W. HILLS BOUROUGH BLVD. STE. 202
COCANUT CREEK, FL 33073

New Principal Place of Business:

5350 W. HILLS BORO BLVD. STE. 202
COCONUT CREEK, FL 33073

Current Mailing Address:

2799 NW 2ND AVE, STE 204
BOCA RATON, FL 33431

New Mailing Address:

2799 NW 2ND AVENUE
SUITE 204
BOCA RATON, FL 33431

FEI Number: 61-1554429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEFORTH, MIRJANA
8990 THREE RAIL DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

GOFORTH, MIRJANA
8990 THREE RAIL DRIVE
BOYNTON BEACH, FL 33472 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: MIRJANA GOFORTH

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOFORTH, MIRJANA
Address: 8999 THREE RAIL DR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOFORTH, MIRJANA
Address: 8999 THREE RAIL DR.
City-St-Zip: BOYNTON BEACH, FL 33472 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: MIRJANA GOFORTH

MGR

04/15/2009

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