

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017616

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PREMIER CARE PROFESSIONAL NURSING CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 61-1554429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOFORTH, MIRJANA  
8990 THREE RAIL DRIVE  
BOYNTON BEACH, FL 33472 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: GOFORTH, MIRJANA  
Address: 8999 THREE RAIL DR.  
City-St-Zip: BOYNTON BEACH, FL 33472 US

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: MIRJANA GOFORTH

MGR

02/16/2011

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