

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105038

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** POST ACUTE CARE SPECIALIST, LLC

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 2104  
LONGWOOD, FL 32779

**New Principal Place of Business:**

2170 WEST STATE ROAD 434  
SUITE 260  
LONGWOOD, FL 32779

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 2104  
LONGWOOD, FL 32779

**New Mailing Address:**

2170 WEST STATE ROAD 434  
SUITE 260  
LONGWOOD, FL 32779

**FEI Number:** 27-3647938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERSAUD, KENNETH  
2180 WEST STATE ROAD 434  
SUITE 2110  
LONGWOOD, FL 32779 US

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

PERSAUD, KENNETH  
2170 WEST STATE ROAD 434  
SUITE 260  
LONGWOOD, FL 32779 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:

02/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: PERSAUD, KENNETH  
Address: 2170 WEST STATE ROAD 434, SUITE 260  
City-St-Zip: LONGWOOD, FL 32779

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: KENNETH PERSAUD

MGRM

02/14/2012

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