

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086826

**Entity Name:** HAMPTON COURT NURSING CENTER, LLC

**Current Principal Place of Business:**

16100 NW 2ND AVENUE  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

16100 NW 2ND AVENUE  
NORTH MIAMI BEACH, FL 33169

**FEI Number:** 26-0811760

**Certificate of Status Desired:** No

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
NEW WORLD TOWER SUITE 801  
100 N. BISCAYNE BLVD.  
MIAMI, FL 33132 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MS  
Name STERN, HELAYNE  
Address 16100 NW 2ND AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33169

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HELAYNE STERN

**MANAGING MEMBER**

**02/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date