

**2025 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 US

**FEI Number:** 26-0811760

**Certificate of Status Desired:** No

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

ADAM G RABINOWITZ ESQ  
1776 N PINE ISLAND RD  
SUITE 102  
PLANTATION, FL 33324 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           MANAGING MEMBER  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HELAYNE STERN

**MANAGING MEMBER**

**04/01/2025**

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

\_\_\_\_\_  
Date