

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092339

FILED
Jan 15, 2007
Secretary of State

Entity Name: AMERICAN STRATEGIC HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

TWO HARBOR PLACE, 302 KNIGHTS RUN AVENUE
STE 100
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

TWO HARBOR PLACE, 302 KNIGHTS RUN AVENUE
STE 100
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FELMAN, DAVID S
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HARDIMAN, DENNIS F
Address: P.O. BOX 897
City-St-Zip: TAMPA, FL 336010897

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS F. HARDIMAN MGR 01/15/2007

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