

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092339

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN STRATEGIC HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

302 KNIGHTS RUN AVENUE  
SUITE 100  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 897  
TAMPA, FL 336010897

**New Mailing Address:**

**FEI Number:** 20-5737875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: HARDIMAN, DENNIS F  
Address: P.O. BOX 897  
City-St-Zip: TAMPA, FL 336010897

Title: MGR  
Name: DAVIS, KAREN ROY  
Address: 7077 NORTH HIGHFIELD DRIVE  
City-St-Zip: HOOVER, AL 35242

Title: MGR  
Name: KASKAS, SAFI  
Address: 10510 ASSEMBLY DRIVE  
City-St-Zip: FAIRFAX, VA 22030

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: DENNIS F. HARDIMAN

MGR

03/09/2010

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