2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# L98000000531

Entity Name: SUMERU HEALTH CARE GROUP, L.C.

Current Principal Place of Business:

7426 COMMUNITY COURT
SUITE 103
HUDSON, FL 34667

New Principal Place of Business:

7424 COMMUNITY COURT
SUITE 103
HUDSON, FL 34667

Current Mailing Address:

7426 COMMUNITY COURT
SUITE 103
HUDSON, FL 34667

New Mailing Address:

7424 COMMUNITY COURT
SUITE 103
HUDSON, FL 34667

FEI Number: 59-3510679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BANKER, RUPIN
7426 COMMUNITY COURT
SUITE 103
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

BANKER, RUPIN
7424 COMMUNITY COURT
SUITE 103
HUDSON, FL 34667 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: _____ 09/04/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BANKER, RUPIN
Address: 7426 COMMUNITY COURT , SUITE 103
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BANKER, RUPIN
Address: 7424 COMMUNITY COURT , SUITE 103
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify 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: JAMES R O'ROURKE MR 09/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date