

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001487

Entity Name: IMAGECARE MAINTENANCE SERVICES, LLC**Current Principal Place of Business:**14055 46TH STREET NORTH
SUITE 1108
CLEARWATER, FL 33762**Current Mailing Address:**1418 ELMHURST ROAD
ELK GROVE VILLAGE, IL 60007**FEI Number:** 26-1902105**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	MGR
Name	PERRY, CHRISTOPHER J
Address	191 N. WACKER DRIVE, SUITE 1100
City-State-Zip:	CHICAGO IL 60606

Title	MGR
Name	DOLAN, DAVID F
Address	200 SOUTH WACKER DRIVE, SUITE 3100
City-State-Zip:	CHICAGO IL 60606

Title	MGR
Name	BAHNFLETH, ANDREW J
Address	200 SOUTH WACKER DRIVE, SUITE 3100
City-State-Zip:	CHICAGO IL 60606

Title	MGR
Name	CALLAN, JOHN P
Address	1418 ELMHURSTST ROAD
City-State-Zip:	ELK GROVE VILLAGE IL 60007

Title	MGR
Name	CONSALVO, JAYNE A
Address	1418 ELMHURSTST ROAD
City-State-Zip:	ELK GROVE VILLAGE IL 60007

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: JAYNE CONSALVO**MANAGER****01/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date