

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006978

FILED
Jan 20, 2005
Secretary of State

Entity Name: ACCELERATED HEALTH SYSTEMS OF FLORIDA LC

Current Principal Place of Business:

205 WEST WACKER DRIVE, SUITE 1950
SUITE 820
CHICAGO, IL 60606

New Principal Place of Business:

205 WEST WACKER DRIVE
SUITE 820
CHICAGO, IL 60606

Current Mailing Address:

180 N. LASALLE STREET
SUITE 2210
CHICAGO, IL 60601

New Mailing Address:

180 N. LASALLE STREET
SUITE 3200
CHICAGO, IL 60601

FEI Number: 36-4388501

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/MEMBERS:

Title: MGR () Delete
Name: ACCELERATED HEALTH S, YSTEMS, LLC
Address: 205 WEST WACKER DRIVE SUITE 820
City-St-Zip: CHICAGO, IL 60606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RANDOLPH P. FRIESER

MGR

01/20/2005

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