

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026742

FILED
May 01, 2006
Secretary of State

Entity Name: SALEEM HEALTHCARE, L.L.C

Current Principal Place of Business:

10437 EMERALD WOODS AVE
ORLANDO, FL 32836 US

New Principal Place of Business:

8227 LAKE SERENE DR
ORLANDO, FL 32836 US

Current Mailing Address:

P.O.BOX : - 930
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 20-1069369 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:

SALEEM, MUHAMMAD A
10437 EMERALD WOODS AVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

SALEEM, MUHAMMAD A
8227 LAKE SERENE DR
ORLANDO, FL 32836 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: MUHAMMAD ABRAR SALEEM

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALEEM, MUHAMMAD A
Address: P.O.BOX:- 930
City-St-Zip: WINDERMERE, FL 32836

Title: MGRM () Delete
Name: KHAN, SAMINA N
Address: P.O.BOX: - 930
City-St-Zip: WINDERMERE, FL 32836

ADDITIONS/CHANGES:

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

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 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: MUHAMMAD ABRAR SALEEM

MGR

05/01/2006

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