


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000088403 1. Entity Name AMRIT HEALTH SYSTEMS, LLC	
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Principal Place of Business 122 QUAYSIDE DR. JUPITER, FL 33477	Mailing Address 122 QUAYSIDE DR. JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



05132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3461217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, AMRATLAL M 122 QUAYSIDE DR. JUPITER, FL 33477
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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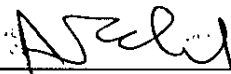
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, AMRATLAL M 122 QUAYSIDE DR. JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, PURNIMA A 122 QUAYSIDE DR. JUPITER, FL 33477
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U00000951805
06/04/08-80052-011 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	5/13/08	561.743.9072
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>