

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078512

FILED
Apr 21, 2009
Secretary of State

Entity Name: CONSULATE HEALTH CARE II, LLC

Current Principal Place of Business:

800 CONOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

800 CONOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, SHARON
800 CONOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751 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/MANAGERS:

Title: CEO () Delete
Name: CONTE, JOSEPH
Address: 800 CONOURSE PKWY SOUTH
City-St-Zip: MAITLAND, FL 32751

Title: VCF (X) Delete
Name: CURCIO, EUGENE
Address: 800 CONOURSE PKWY SOUTH
City-St-Zip: MAITLAND, FL 32751

Title: VC (X) Delete
Name: JELLERSON, JEFF
Address: 800 CONOURSE PKWY SOUTH
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONCURRENT PARTNERS, LLLP
Address: 800 CONOURSE PKWY S., SUITE 200
City-St-Zip: MAITLAND, FL 32751

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 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: JOSEPH CONTE

PCEO

04/21/2009

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