

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092339

FILED
Jan 16, 2009
Secretary of State

Entity Name: AMERICAN STRATEGIC HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

302 KNIGHTS RUN AVENUE
SUITE 100
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 897
TAMPA, FL 336010897

New Mailing Address:

FEI Number: 20-5737875

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/MANAGERS:

Title: MGR () Delete
Name: HARDIMAN, DENNIS F
Address: P.O. BOX 897
City-St-Zip: TAMPA, FL 336010897

Title: MGR () Delete
Name: DAVIS, KAREN
Address: 7077 NORTH HIGHFIELD DRIVE
City-St-Zip: HOOVER, AL 35242

Title: MGR () Delete
Name: KASKAS, SAFI
Address: 10510 ASSEMBLY DRIVE
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES:

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

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: DENNIS HARDIMAN

MGR

01/16/2009

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