

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107500

Entity Name: SJS HEALTH, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

600 CORPORATE DRIVE, STE. 100
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

600 CORPORATE DRIVE, STE. 100
FT. LAUDERDALE, FL 33334

New Mailing Address:

26400 WEST TWELVE MILE ROAD
SUITE 50
SOUTHFIELD, MI 48034 US

FEI Number: 20-5916332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBEL, JEFFREY E
600 CORPORATE DRIVE, STE. 100
FT. LAUDERDALE, FL 33334 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: SOBEL, JEFFREY E
Address: 600 CORPORATE DRIVE, STE. 100
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGR () Delete
Name: SOBEL, SAMUEL R
Address: 600 CORPORATE DRIVE, STE. 100
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGR () Delete
Name: SOBEL CO.,
Address: 600 CORPORATE DRIVE, STE. 100
City-St-Zip: FT. LAUDERDALE, FL 33334

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: JEFFREY E. SOBEL

MGR

04/27/2007

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