2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023158

FILED
Apr 29, 2009
Secretary of State

Entity Name: STERLING HEALTHCARE II, LLC

Current Principal Place of Business:

16 NORCROSS ST.,
SUITE 50 B
ROSWELL, GA 30075

New Principal Place of Business:

Current Mailing Address:

16 NORCROSS ST.,
SUITE 50 B
ROSWELL, GA 30075

New Mailing Address:

FEI Number: 20-8790611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN F. GILROY, III, P.A.
1435 EAST PIEDMONT DR.
SUITE 215
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

JOHN F. GILROY, III, P.A.
1695 METROPOLITAN CIRCLE
SUITE 2
TALLAHASSEE, FL 32308 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: ____________________ 04/29/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAGAN, ROBERT W
Address: 16 NORCROSS ST., SUITE 50 B
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES:

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: ROBERT W. HAGAN MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date