2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L07000068045

Entity Name: AIM HEALTHCARE, LLC

Current Principal Place of Business:

5901 COLONIAL DRIVE
106
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

5901 COLONIAL DRIVE
106
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 26-0446935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN & WATERS, PA
1701 W. HILLSBORO BOULEVARD
104
DEERFIELD BEACH, FL 33442 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: MGRM ( ) Delete
Name: AJIT SINGH, MD, PA,
Address: 21566 VILLA NOVA DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM ( ) Delete
Name: THAKUR, MD, PA,
Address: 1290 W. MAGNOLIA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

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: THAKUR MD 02/16/2009

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