# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 24, 2010**
**Secretary of State**

DOCUMENT# L08000060848

**Entity Name:** TL HEALTHCARE LEASING LLC

**Current Principal Place of Business:**

2076 FLATBSUH AVE, 2ND FL
BROOKLYN, NY 11234

**New Principal Place of Business:**

2071 FLATBSUH AVE,
SUITE 22
BROOKLYN, NY 11234

**Current Mailing Address:**

2076 FLATBSUH AVE, 2ND FL
BROOKLYN, NY 11234

**New Mailing Address:**

2071 FLATBSUH AVE,
SUITE 22
BROOKLYN, NY 11234

**FEI Number: 26-3676888** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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
Name: ELIEZER, SCHEINER
Address: 2071 FLATBSUH AVE, SUITE 22
City-St-Zip: BROOKLYN, NY 11234

I hereby 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 Statues.

SIGNATURE: ELIEZER SCHEINER MGR 02/24/2010

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