

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082427

FILED
Feb 11, 2009
Secretary of State

Entity Name: BCC HEALTHCARE MANAGEMENT GROUP LLC

Current Principal Place of Business:

5262 EAST LAKE ROAD
CAZENOVIA, NY 13035

New Principal Place of Business:

Current Mailing Address:

5262 EAST LAKE ROAD
CAZENOVIA, NY 13035

New Mailing Address:

FEI Number: 26-3598296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, ERIC
4875 VOLUNTEER ROAD
100
SOUTHWEST RANCHES, FL 33330 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: BORIO, JOSEPH C
Address: 5262 EAST LAKE ROAD
City-St-Zip: CAZENOVIA, NY 13035

Title: MGR () Delete
Name: CRAWFORD, ALBERT
Address: 325 JAMES STREET
City-St-Zip: SYRACUSE, NY 13203

Title: MGR () Delete
Name: CASTRO, ERIC
Address: 4875 VOLUNTEER ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGR () Delete
Name: CASTRO, ROBERT
Address: 4875 VOLUNTEER ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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:

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: ANGELA L. DENCE

OFIC

02/11/2009

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