

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106851

FILED
Mar 19, 2009
Secretary of State

Entity Name: PRESTIGE HEALTH SYSTEMS, LLC

Current Principal Place of Business:

4801 S. UNIVERSITY DR.
SUITE 104B
DAVIE, FL 33328 US

New Principal Place of Business:

1001 N.W. 137TH WAY
PEMBROKE PINES, FL 33026

Current Mailing Address:

4801 S. UNIVERSITY DR.
SUITE 104B
DAVIE, FL 33328 US

New Mailing Address:

1001 N.W. 137TH WAY
PEMBROKE PINES, FL 33026

FEI Number: 26-3652592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HASTINGS, SPENCER M
4801 S. UNIVERSITY DR.
SUITE 104B
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

SPALDING, TODD
1001 N.W. 137TH WAY
PEMBROKE PINES, FL 33026 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: TODD SPALDING

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HASTINGS, SPENCER M
Address: 4801 S. UNIVERSITY DR. SUITE 104B
City-St-Zip: DAVIE, FL 33328

Title: MGRM (X) Delete
Name: LAFRATTA, LUIS F
Address: 4801 S. UNIVERSITY DR. SUITE 104B
City-St-Zip: DAVIE, FL 33328

Title: MGRM (X) Delete
Name: SPALDING, TODD
Address: 4801 S. UNIVERSITY DR. SUITE 104
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPALDING, TODD
Address: 1001 N.W. 137TH WAY
City-St-Zip: PEMBROKE PINES, FL 33026

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: TODD SPALDING

MGRM

03/19/2009

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