2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L08000109545

Entity Name: SANITAS MT LLC

Current Principal Place of Business:

10780 N PRESERVE WAY
SUITE 101
MIRAMAR, FL 33025

New Principal Place of Business:

18503 PINES BLVD
SUITE 301
PEMBROKE PINES, FL 33029

Current Mailing Address:

10780 N PRESERVE WAY
SUITE 101
MIRAMAR, FL 33025

New Mailing Address:

18503 PINES BLVD
SUITE 301
PEMBROKE PINES, FL 33029

FEI Number: 94-3455473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THAREJA, DHIRAJ
10780 N PRESERVE WAY
SUITE 101
MIRAMAR, FL 33025 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: JACOB, BRIAN
Address: 10780 N PRESERVE WAY, SUITE 101
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM ( ) Delete
Name: THAREJA, DHIRAJ
Address: 10780 N PRESERVE WAY, SUITE 101
City-St-Zip: MIRAMAR, FL 33025

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: BRIAN JACOB MGRM 06/25/2009

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