2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ECLAT HEALTHCARE, LLC

Current Principal Place of Business:

2301 NORTH UNIVERSITY DRIVE #112
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2301 NORTH UNIVERSITY DRIVE #112
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 27-1073483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIER, GREGORY W ESQ
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: SANZOBRINO, BRENDA M.D.
Address: 2301 NORTH UNIVERSITY DRIVE #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR
Name: SMELSER, LINDA
Address: 2301 N UNIVERSITY DRIVE #112
City-St-Zip: PENBROKE PINES, FL 33024

Title: MGR
Name: WHITTINGHAM, ROY M.D.
Address: 2301 N UNIVERSITY DRIVE #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR
Name: MCMILLAN, DENIS M.D.
Address: 2301 N UNIVERSITY DR #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR
Name: TELTSER, MATTHEW M.D.
Address: 2301 N UNIVERSITY DR #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR
Name: GOODE, SELBOURNE M.D.
Address: 2301 N UNIVERSITY DR #112
City-St-Zip: PEMBROKE PINES, FL 33024

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: BRENDA SANZOBRINO MRG 04/05/2010

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