2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# L09000100647

Entity Name: SHAROB HEALTHCARE LLC

Current Principal Place of Business:

913 SCHERER WAY
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

913 SCHERER WAY
OSPREY, FL 34229 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LESCHINGSKI, ROBERT F MD
913 SCHERER WAY
OSPREY, FL 34229 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
Name: LESCHINGSKI, ROBERT F MD
Address: 913 SCHERE WAY
City-St-Zip: OSPREY, FL 34229 US

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: ROBERT LESCHINGSKI DR 04/26/2010

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