

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078134

FILED
Apr 04, 2011
Secretary of State

Entity Name: SC HEALTHCARE VENTURES LLC

Current Principal Place of Business:

C/O THE CN GROUP, INC.
114 E. 90TH DRIVE
MERRILLVILLE, IN 46310

New Principal Place of Business:

C/O THE CN GROUP, INC.
114 E. 90TH DRIVE
MERRILLVILLE, IN 46410

Current Mailing Address:

C/O THE CN GROUP, INC.
114 E. 90TH DRIVE
MERRILLVILLE, IN 46310

New Mailing Address:

C/O THE CN GROUP, INC.
114 E. 90TH DRIVE
MERRILLVILLE, IN 46410

FEI Number: 27-3144206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CHOPRA, RAVINDER N
Address: 505 N. LAKESHORE DRIVE, UNIT 4201
City-St-Zip: CHICAGO, IL 60611

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 Statutes.

SIGNATURE: RAVINDER N. CHOPRA

MGRM

04/04/2011

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