

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001197

FILED
Mar 23, 2009
Secretary of State

Entity Name: BANYAN HEALTH CARE CONSULTANTS, LLC

Current Principal Place of Business:

105TOWN GREENDRIVE
ELMSFORD, NY 10523

New Principal Place of Business:

105TOWN GREEN DRIVE
ELMSFORD, NY 10523

Current Mailing Address:

105TOWN GREENDRIVE
ELMSFORD, NY 10523

New Mailing Address:

105TOWN GREEN DRIVE
ELMSFORD, NY 10523

FEI Number: 65-0806104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BOULEVARD, STE. 3400
MIAMI, FL 33131 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 () Delete
Name: FLYNN, JOHN T
Address: 635 W. 165TH ST., FLANZER SUITE
City-St-Zip: NEW YORK, NY 10032

Title: MGR () Delete
Name: FLYNN, ROSEANNE M
Address: 635 W. 165TH ST., FLANZER SUITE
City-St-Zip: NEW YORK, NY 10032

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: JOHN T FLYNN, MD

DR.

03/23/2009

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