

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000001197

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** BANYAN HEALTH CARE CONSULTANTS, LLC

**Current Principal Place of Business:**

92 TOWN GREEN DRIVE  
ELMSFORD, NY 10523

**New Principal Place of Business:**

**Current Mailing Address:**

92 TOWN GREEN DRIVE  
ELMSFORD, NY 10523

**New Mailing Address:**

**FEI Number:** 65-0806104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** FLYNN, JOHN T  
**Address:** 635 W. 165TH ST., FLANZER SUITE  
**City-St-Zip:** NEW YORK, NY 10032

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

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:** JOHN T FLYNN

MGR

01/12/2011

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