

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000312

FILED  
Jan 20, 2005  
Secretary of State

**Entity Name:** ACCELERATED HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

205 WEST WACKER DR.  
SUITE 820  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

180 NORTH LASALLE ST.  
SUITE 2210  
CHICAGO, IL 60601

**New Mailing Address:**

**FEI Number:** 36-4280414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FRIESER, RANDOLPH  
Address: 205 WEST WACKER DR, SUITE 820  
City-St-Zip: CHICAGO, IL 60606

Title: MGRM ( ) Delete  
Name: SAVAGE, BRIAN  
Address: 205 WEST WACKER DR, SUITE 820  
City-St-Zip: CHICAGO, IL 60606

**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 for the exemption stated in Section 119.07(3)(i), 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: RANDOLPH P. FRIESER

MGRM

01/20/2005

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