

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000168

FILED
Feb 15, 2007
Secretary of State

Entity Name: SOUTHERN HEALTHCARE SERVICES, L.L.C.

Current Principal Place of Business:

PO BOX 2124
OCEAN TOWNSHIP, NJ 07712

New Principal Place of Business:

902 GRASSMERE AVE
OCEAN TOWNSHIP, NJ 07712

Current Mailing Address:

PO BOX 2124
OCEAN TOWNSHIP, NJ 07712

New Mailing Address:

902 GRASSMERE AVE.
OCEAN TOWNSHIP, NJ 07712

FEI Number: 36-4433088

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/MANAGERS:

Title: MGR () Delete
Name: JDR MANAGEMENT COMPA, NY, INC.
Address: 1020 W. 31ST STREET, SUITE 225
City-St-Zip: DOWNERS GROVE, IL 60515

Title: MGR () Delete
Name: SUOZZO, DEANNE
Address: PO BOX 2124
City-St-Zip: OCEAN, NJ 07712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SUOZZO, DEANNE
Address: 902 GRASSMERE AVE.
City-St-Zip: OCEAN, NJ 07712

I hereby certify that the information supplied with this filing does not qualify for the 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: DEANNE SUOZZO

MGR

02/15/2007

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