

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M02000000168

**FILED**  
**Jun 27, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

902 GRASSMERE AVE  
OCEAN TOWNSHIP, NJ 07712

**New Principal Place of Business:**

1445 N. CONGRESS AVE  
SUITE 11/12  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

902 GRASSMERE AVE.  
OCEAN TOWNSHIP, NJ 07712

**New Mailing Address:**

1445 N. CONGRESS AVE  
SUITE 11/12  
DELRAY BEACH, FL 33445

**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: SUOZZO, DEANNE  
Address: 902 GRASSMERE AVE.  
City-St-Zip: OCEAN, NJ 07712

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOBRICK, MICHAEL  
Address: 1445 N. CONGRESS AVE SUITE 11/12  
City-St-Zip: DELRAY BEACH, FL 33445

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: MICHAEL BOBRICK

MGR

06/27/2007

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