

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000168

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: BOBRICK, MICHAEL  
Address: 1445 N. CONGRESS AVE SUITE 11/12  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

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: MICHAEL BOBRICK

MGR

04/17/2008

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