

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# M04000000780

Entity Name: SPRINGDALE HEALTH CENTERS LLC

**Current Principal Place of Business:**

2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234

**New Mailing Address:**

FEI Number: 20-0704421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FUHRMEISTER, BRIAN E VP  
2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234      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: SPRINGDALE HEALTH CENTERS, INC.  
Address: 2033 MAIN STREET SUITE 200  
City-St-Zip: SARASOTA, FL 34237

**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: BRIAN FUHRMEISTER      MGR      04/24/2009

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