


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # M04000001899 1. Entity Name HUNTLEIGH HEALTHCARE L.L.C.	
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Principal Place of Business 40 CHRISTOPHER WAY EATONTOWN, NJ 07724	Mailing Address 40 CHRISTOPHER WAY EATONTOWN, NJ 07724
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**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 37-1437125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGEL, ROBERT S 40 CHRISTOPHER WAY EATONTOWN, NJ 07724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF SULLIVAN, VINCENT 40 CHRISTOPHER WAY EATONTOWN, NJ 07724
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U00000565372  
 05/20/06-80130-010 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *V. Sullivan* VINCENT SULLIVAN V.P. Finance 5/10/06 (F32) 578-9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #