


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000001899</b> 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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<b>DO NOT WRITE IN THIS SPACE</b>
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04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1437125	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

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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<p>U000000764123 05/30/07-80043-004 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <b>Vincent Sullivan</b> 4/30/07 (732) 578-9898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small> VP Finance	<small>Daytime Phone #</small>
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