## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # M04000001899**

1. Entity Name

HUNTLEIGH HEALTHCARE L.L.C.



Principal Place of Business

40 CHRISTOPHER WAY EATONTOWN, NJ 07724

Mailing Address

40 CHRISTOPHER WAY EATONTOWN, NJ 07724

FILED Jul 22, 2008 08:00 AM Secretary of State



07152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 37-1437125

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

| 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<br>SULLIVAN, VINCENT<br>40 CHRISTOPHER WAY<br>EATONTOWN, NJ 07724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |
| 11. I hereby certify that the information supplied with this filing does not qualify |   |

000000955800 07/22/08-80005-019 538.7!

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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE.

Vivent 6

Queran

7/15/08 (732) 578-989

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daysime Phone #