


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90011 005 \*\*\*50.00

**DOCUMENT # M05000001646**

1. Entity Name  
**SALICK HEALTH CARE, LLC**




Principal Place of Business      Mailing Address  
**8201 BEVERLY BLVD.**      **8201 BEVERLY BLVD.**  
**LOS ANGELES, CA 90048**      **LOS ANGELES, CA 90048**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01092007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**68-0603435**      Not Applicable

5. Certificate of Status Desired        **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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.

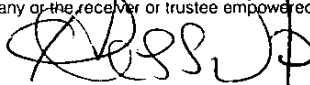
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2007

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GODDARD, JOHN G</b> <b>1800 CONCORD PIKE</b> <b>WILMINGTON, DE 19803</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>JESSUP, PETER H</b> <b>8201 BEVERLY BLVD</b> <b>LOS ANGELES, CA 90048</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV</b> <b>ROGERS, PETER J</b> <b>8201 BEVERLY BLVD</b> <b>LOS ANGELES, CA 90048</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVS</b> <b>CARRINGTON, VICTORIA B</b> <b>8201 BEVERLY BLVD</b> <b>LOS ANGELES, CA 90048</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>DAVIES, GREGORY A</b> <b>1800 CONCORD PIKE</b> <b>WILMINGTON, DE 19803</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SPRAGINS, SAMUEL H</b> <b>1800 CONCORD PIKE</b> <b>WILMINGTON, DE 19803</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Peter H. Jessup**      01/09/07      323-966-3400

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

ATTACHMENT

20003920

DOCUMENT # M0500001646  
SALICK HEALTH CARE, LLC

11. ADDITIONAL OFFICERS AND DIRECTORS - CONTINUED

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/COO HECKSEL, MARC L. 8201 BEVERLY BLVD LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BORDELON, STEPHEN J. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACDONALD, JOHN S. 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCRUGGS, WESLEY L 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILBUR, DANIEL, E 8201 BEVERLY BLVD. LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BOOTH-BARBARIN, ANN V. 1800 CONCORD PIKE WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ENGELMANN, GLENN M. 1800 CONCORD PIKE WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT MICHAEL S. RHIND 8201 BEVERLY BLVD LOS ANGELES, CA 90048