


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # M05000001646</b>	
1. Entity Name <b>SALICK HEALTH CARE, LLC</b>	

Principal Place of Business <b>8201 BEVERLY BLVD. LOS ANGELES, CA 90048</b>	Mailing Address <b>8201 BEVERLY BLVD. LOS ANGELES, CA 90048</b>
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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 <b>68-0603435</b>	Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

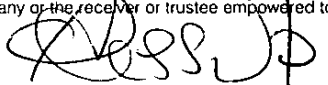
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2007	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GODDARD, JOHN G 1800 CONCORD PIKE 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 JESSUP, PETER H 8201 BEVERLY BLVD 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 ROGERS, PETER J 8201 BEVERLY BLVD 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 CARRINGTON, VICTORIA B 8201 BEVERLY BLVD 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 DAVIES, GREGORY A 1800 CONCORD PIKE 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 SPRAGINS, SAMUEL H 1800 CONCORD PIKE 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.

<b>SIGNATURE:</b> 	<b>Peter H. Jessup</b>	<b>01/09/07</b>	<b>323-966-3400</b>
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