

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001646

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SALICK HEALTH CARE, LLC

**Current Principal Place of Business:**

8201 BEVERLY BLVD.  
LOS ANGELES, CA 90048

**New Principal Place of Business:**

**Current Mailing Address:**

8201 BEVERLY BLVD.  
LOS ANGELES, CA 90048

**New Mailing Address:**

FEI Number: 68-0603435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: GODDARD, JOHN G  
Address: 15 STANHOPE GATE  
City-St-Zip: LONDON, EG WIK 1LN UK

Title: DCEO ( ) Delete  
Name: JESSUP, PETER H  
Address: 8201 BEVERLY BLVD  
City-St-Zip: LOS ANGELES, CA 90048

Title: DEV ( ) Delete  
Name: ROGERS, PETER J  
Address: 8201 BEVERLY BLVD  
City-St-Zip: LOS ANGELES, CA 90048

Title: EVS ( ) Delete  
Name: CARRINGTON, VICTORIA B  
Address: 8201 BEVERLY BLVD  
City-St-Zip: LOS ANGELES, CA 90048

Title: AT ( ) Delete  
Name: SPRAGINS, SAMUEL H  
Address: 1800 CONCORD PIKE  
City-St-Zip: WILMINGTON, DE 19803

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CEO

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date