

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003086

FILED
May 08, 2006
Secretary of State

Entity Name: SALIENT MEDICAL CENTERS, L.L.C.

Current Principal Place of Business:

485 HALF DAY ROAD, SUITE 300
BUFFALO GROVE, IL 60089

New Principal Place of Business:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 60089

Current Mailing Address:

485 HALF DAY ROAD, SUITE 300
BUFFALO GROVE, IL 60089

New Mailing Address:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 60089

FEI Number: 20-2905689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: RAI, RAJAT
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

Title: MGR () Delete
Name: MASTRAPA, PAUL
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

Title: MGR () Delete
Name: BONACCORSI, JOSEPH
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH BONACCORSI

MGR

05/08/2006

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