

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003086

FILED
Jan 16, 2009
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:

Current Mailing Address:

485 HALF DAY ROAD
SUITE 300
BUFFALO GROVE, IL 60089

New Mailing Address:

FEI Number: 20-2905689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: ZSITEK, LORI
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

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

Title: MGR () Delete
Name: KELLEN, MARGARITA
Address: 104 WILMOT ROAD, MS#1435
City-St-Zip: DEERFIELD, IL 60015

Title: MGR (X) Delete
Name: WOODBRIDGE, DAVID
Address: 200 WILMOT ROAD, MS#2261
City-St-Zip: DEERFIELD, IL 60015

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: JOSEPH BONACCORSI

MGR

01/16/2009

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