

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003086

FILED  
Jan 06, 2010  
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  
Name: ZSITEK, LORI  
Address: 485 HALF DAY ROAD, SUITE 300  
City-St-Zip: BUFFALO GROVE, IL 60089

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

Title: MGR  
Name: AZAR, OREN  
Address: 104 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: MGR  
Name: KELLEN, MARGARITA  
Address: 300 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: MGR  
Name: MANN, JOHN  
Address: 300 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

I hereby 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: PAUL MASTRAPA      MGR      01/06/2010

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