

# **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