

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jun 29, 2010
Secretary of State**

DOCUMENT# M05000003086

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: VP/M
Name: ZSITEK, LORI
Address: 485 HALF DAY ROAD, SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

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

Title: S/M
Name: SILVERMAN, ROBERT
Address: 104 WILMOT ROAD, MS 1425
City-St-Zip: DEERFIELD, IL 60015

Title: TREA
Name: KELLEN, MARGARITA
Address: 300 WILMOT ROAD, MS 3301
City-St-Zip: DEERFIELD, IL 60015

Title: MGR
Name: MANN, JOHN
Address: 300 WILMOT ROAD, MS 3301
City-St-Zip: DEERFIELD, IL 60015

Title: AST
Name: FELISH, MICHAEL
Address: 302 WILMOT ROAD, MS 3301
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: LORI ZSITEK

VP

06/29/2010

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