


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000005366 1. Entity Name S & S HEALTHCARE STRATEGIES, LTD. CO.	
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Principal Place of Business 1385 KEMPER MEADOW DRIVE CINCINNATI, OH 45240	Mailing Address 1385 KEMPER MEADOW DRIVE CINCINNATI, OH 45240
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 31-1418743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWEITZER, GAIL 1385 KEMPER MEADOW DRIVE CINCINNATI, OH 45240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSTOWSKY, RICHARD 433 SOUTH MAIN STREET, SUITE 301 WEST HARTFORD, CT 06110
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02/18/08-80041-022 138.75

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gail L. Schweitzer 1/30/08 513 772 8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

GAIL L. SCHWEITZER