

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005366

FILED
Apr 14, 2009
Secretary of State

Entity Name: S & S HEALTHCARE STRATEGIES, LTD. CO.

Current Principal Place of Business:

1385 KEMPER MEADOW DRIVE
CINCINNATI, OH 45240

New Principal Place of Business:

Current Mailing Address:

1385 KEMPER MEADOW DRIVE
CINCINNATI, OH 45240

New Mailing Address:

FEI Number: 31-1418743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: SCHWEITZER, GAIL
Address: 1385 KEMPER MEADOW DRIVE
City-St-Zip: CINCINNATI, OH 45240

Title: MGR () Delete
Name: ROSTOWSKY, RICHARD
Address: 433 SOUTH MAIN STREET, SUITE 301
City-St-Zip: WEST HARTFORD, CT 06110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROSTOWSKY, RICHARD
Address: 270 FARMINGTON AVE SUITE 362
City-St-Zip: FARMINGTON, CT 06032

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: GAIL SCHWEITZER

CEO

04/14/2009

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