2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# M06000003159

Entity Name: VITAL CARE SERVICES, LLC

Current Principal Place of Business:

C/O HARBORSIDE HEALTHCARE CORPORATION
ONE BEACON STREET, SUITE 1100
BOSTON, MA 02108

New Principal Place of Business:

C/O HARBORSIDE HEALTHCARE CORPORATION
101 SUN AVE NE
ALBUQUERQUE, NM 87109

Current Mailing Address:

C/O HARBORSIDE HEALTHCARE CORPORATION
ONE BEACON STREET, SUITE 1100
BOSTON, MA 02108

New Mailing Address:

C/O HARBORSIDE HEALTHCARE CORPORATION
101 SUN AVE NE
ALBUQUERQUE, NM 87109

FEI Number: 20-4893029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 ( ) Delete
Name: STEPHAN, WILLIAM H
Address: ONE BEACON STREET, SUITE 1100
City-St-Zip: BOSTON, MA 02108

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROLES, JERRY
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

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: JERRY ROLES MGE 05/04/2007

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