

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003159

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: VITAL CARE SERVICES, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

101 SUN AVE. NE  
ALBUQUERQUE, NM 87109

## Current Mailing Address:

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

## New Mailing Address:

101 SUN AVE. NE  
ALBUQUERQUE, NM 87109

FEI Number: 20-4893029

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 ( ) Delete  
Name: ROLES, JERRY  
Address: 101 SUN AVE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HARBORSIDE REHABILITATION LIMITED PARTNERS  
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: HARBORSIDE REHABILITATION LIMITED PARTNERS

MGRM

03/05/2009

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