2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# M06000005370

Entity Name: ROYAL HEALTH CARE OF LONG ISLAND LLC

Current Principal Place of Business:

521 5TH AVENUE, 3RD FLOOR
NEW YORK, NY 10175

New Principal Place of Business:

Current Mailing Address:

521 5TH AVENUE, 3RD FLOOR
NEW YORK, NY 10175

New Mailing Address:

FEI Number: 13-3887900 **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:

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: BORY, STEVEN
Address: 521 5TH AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10175

Title: MGR ( ) Delete
Name: ARFIN, RONALD
Address: 521 5TH AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10175

ADDITIONS/CHANGES:

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

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

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: STEVEN BORY MGR 06/23/2009

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