

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003338

Entity Name: CIT HEALTHCARE LLC

FILED  
Mar 02, 2010  
Secretary of State

**Current Principal Place of Business:**

1 CIT DRIVE  
LIVINGSTON, NJ 07039

**New Principal Place of Business:**

**Current Mailing Address:**

1 CIT DRIVE  
#2108-A  
LIVINGSTON, NJ 07039

**New Mailing Address:**

FEI Number: 23-2817736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: INGATO, ROBERT J  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039 07

Title: MGR  
Name: VOTEK, GLENN A  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039 07

Title: MGR  
Name: WARDEN, STEVEN N  
Address: 505 FIFTH AVENUE, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: MGR  
Name: MANDELBAUM, ERIC S  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039 07

Title: MGR  
Name: SEUFERT, LINDA M  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039 07

I hereby 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: LINDA M. SEUFERT

MGR

03/02/2010

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