

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003338

Entity Name: CIT HEALTHCARE LLC

FILED
May 01, 2012
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: 11 WEST 42ND STREET
City-St-Zip: NEW YORK, NY 10036

Title: MGR
Name: PAUL, CHRISTOPHER H
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

05/01/2012

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