

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005979

Entity Name: MAXIT HEALTHCARE, LLC

FILED
Jan 12, 2010
Secretary of State

Current Principal Place of Business:

129 PENN STREET
WESTFIELD, IN 46074

New Principal Place of Business:

Current Mailing Address:

PO BOX 808
WESTFIELD, IN 46074

New Mailing Address:

FEI Number: 33-0953583

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: HINSHAW, D. PARKER
Address: 129 PENN STREET
City-St-Zip: WESTFIELD, IN 46074

Title: MGR
Name: MOORE, ROBERT
Address: 4577 LOWER MOUNTAIN ROAD
City-St-Zip: LOCKPORT, NY 14094

Title: MGR
Name: LEWIS, J. CHRISTOPHER
Address: 10900 WILSHIRE BLVD, SUITE 850
City-St-Zip: LOS ANGELES, CA 90024

Title: MGR
Name: CONNELL, DAVID
Address: 10900 WILSHIRE BLVD, SUITE 850
City-St-Zip: LOS ANGELES, CA 90024

Title: MGR
Name: HUBBS, KENNETH
Address: 18300 VON KARMEN AVE, SUITE 730
City-St-Zip: IRVINE, CA 92612

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: ROBERT MOORE

COO

01/12/2010

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