

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000535

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** TRELLIS HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

2850 W GOLF ROAD, STE 1000  
ROLLING MEADOWS, IL 60008

**New Principal Place of Business:**

2850 W GOLF ROAD  
SUITE 1000  
ROLLING MEADOWS, IL 60008

**Current Mailing Address:**

2850 W GOLF ROAD, STE 1000  
ROLLING MEADOWS, IL 60008

**New Mailing Address:**

2850 W GOLF ROAD  
SUITE 1000  
ROLLING MEADOWS, IL 60008

**FEI Number:** 26-1795701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 US

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

GLADYS, JIMENEZ  
3191 CORAL WAY  
SUITE 639  
MIAMI, FL 33145 US

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: GLADYS JIMENEZ

04/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POULOS, MICHAEL J  
Address: 2850 W GOLF ROAD, STE 1000  
City-St-Zip: ROLLING MEADOWS, IL 60008

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: MICHAEL J POULOS

MGRM

04/23/2010

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