2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# M08000001487

Entity Name: IMAGECARE MAINTENANCE SERVICES, LLC

Current Principal Place of Business:

PINERIDGE BUSINESS CENTER
2200 TALL PINES DRIVE
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

PINERIDGE BUSINESS CENTER
2200 TALL PINES DRIVE
LARGO, FL 33771

New Mailing Address:

1418 ELMHURST ROAD
ELK GROVE VILLAGE, IL 60007

FEI Number: 26-1902105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

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	( ) Delete
Name:	PERRY, CHRISTOPHER J	
Address:	191 N. WACKER DRIVE, SUITE 1100	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGR	( ) Delete
Name:	DOLAN, DAVID F	
Address:	200 SOUTH WACKER DRIVE, SUITE 3100	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGR	( ) Delete
Name:	BAHNFLETH, ANDREW J	
Address:	200 SOUTH WACKER DRIVE, SUITE 3100	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGR	( ) Delete
Name:	GOULETTE, GREGORY F	
Address:	1418 ELMHURTST ROAD	
City-St-Zip:	ELK GROVE VILLAGE, IL 60007	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	CONSALVO, JAYNE A	
Address:	1418 ELMHURTST ROAD	
City-St-Zip:	ELK GROVE VILLAGE, IL 60007	

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: JAYNE A. CONSALVO MGR 06/24/2009

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