

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005333

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CENTRAD HEALTHCARE, LLC

## Current Principal Place of Business:

184 SHUMAN BLVD., STE. 130  
NAPERVILLE, IL 60563

## New Principal Place of Business:

184 SHUMAN BOULEVARD  
SUITE 130  
NAPERVILLE, IL 60563

## Current Mailing Address:

184 SHUMAN BLVD., STE. 130  
NAPERVILLE, IL 60563

## New Mailing Address:

184 SHUMAN BOULEVARD  
SUITE 130  
NAPERVILLE, IL 60563

FEI Number: 36-4367825

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 ( ) Delete  
Name: KORSLIN, WILLIAM  
Address: 184 SHUMAN BLVD., STE. 130  
City-St-Zip: NAPERVILLE, IL 60563

Title: MGR ( ) Delete  
Name: HOLSTED, DAVID  
Address: 184 SHUMAN BLVD., STE. 130  
City-St-Zip: NAPERVILLE, IL 60563

Title: MGR ( ) Delete  
Name: KOBZA, JOHN  
Address: 184 SHUMAN BLVD., STE. 130  
City-St-Zip: NAPERVILLE, IL 60563

Title: MGR ( ) Delete  
Name: WEBB, BILLY  
Address: 184 SHUMAN BLVD., STE. 130  
City-St-Zip: NAPERVILLE, IL 60563

Title: MGR ( ) Delete  
Name: BURFIELD, TIM  
Address: 184 SHUMAN BLVD., STE. 130  
City-St-Zip: NAPERVILLE, IL 60563

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM KORSLIN

MGR

03/05/2009

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