

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005333

FILED
Jan 12, 2011
Secretary of State

Entity Name: CENTRAD HEALTHCARE, LLC

Current Principal Place of Business:

184 SHUMAN BOULEVARD
SUITE 130
NAPERVILLE, IL 60563

New Principal Place of Business:

Current Mailing Address:

184 SHUMAN BOULEVARD
SUITE 130
NAPERVILLE, IL 60563

New Mailing Address:

FEI Number: 36-4367825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

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

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

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

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

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: WILLIAM KORSLIN

MGR

01/12/2011

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