2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005333

Entity Name: CENTRAD HEALTHCARE, LLC

FILED Jan 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

184 SHUMAN BOULEVARD SUITE 130 NAPERVILLE, IL 60563

Current Mailing Address: 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 (X)

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

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: MGRM

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

Title: MGRM

Name: CALLAGHAN, GIDGETT
Address: 184 SHUMAN BLVD., STE. 130
City-St-Zip: NAPERVILLE, IL 60563

Title: MGRM

Title: MGRM Name: MCKAY, JILL

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

Title: MGRM

 Name:
 MCCARTHY, JOSEPH

 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 Statues.

SIGNATURE: WILLIAM R. KORSLIN PRES 01/09/2012