2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2014
Secretary of State
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Entity Name: SC HEALTHCARE VENTURES LLC

Current Principal Place of Business:

C/O THE CN GROUP, INC.
114 E. 90TH DRIVE
MERRILLVILLE, IN 46410

Current Mailing Address:

C/O THE CN GROUP, INC.
114 E. 90TH DRIVE
MERRILLVILLE, IN 46410

FEI Number: 27-3144206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MGMR
Name	CHOPRA, RAVINDER N
Address	505 N. LAKESHORE DRIVE, UNIT 4201
City-State-Zip:	CHICAGO IL 60611

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAVINDER N. CHOPRA OWNER 04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date