

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003338

Entity Name: CIT HEALTHCARE LLC

Current Principal Place of Business:

1 CIT DRIVE
LIVINGSTON, NJ 07039

Current Mailing Address:

1 CIT DRIVE
#2108-A
LIVINGSTON, NJ 07039

FEI Number: 23-2817736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 MGR
Name DOUGLASS, WILLIAM
Address 11 WEST 42ND STREET
City-State-Zip: NEW YORK NY 10036

Title MGR
Name CARLSON, MARK
Address 1 CIT DRIVE
City-State-Zip: LIVINGSTON NJ 07039

Title MGR
Name PAUL, CHRISTOPHER H
Address 1 CIT DRIVE
City-State-Zip: LIVINGSTON NJ 07039

Title MGR
Name SEUFERT, LINDA M
Address 1 CIT DRIVE
City-State-Zip: LIVINGSTON NJ 07039

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: LINDA M. SEUFERT

AVP & ASST. SECRETARY 05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date