

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 16, 2009  
Secretary of State**

DOCUMENT# L08000020913

Entity Name: AM HEALTHCARE, LLC.

**Current Principal Place of Business:**

9040 STAR TRAIL  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

9040 STAR TRAIL  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

KHANNA, SAHIL  
9040 STAR TRAIL  
NEW PORT RICHEY, FL 34654 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: KHANNA, SAHIL  
Address: 9040 STAR TRAIL  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: MEHTA, KISHAN C  
Address: 9040 STAR TRAIL  
City-St-Zip: NEWPORT RICHEY, FL 34654

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: SAHIL KHANNA

MGR

08/16/2009

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