

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 08, 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:

MUSCA, DANIEL
12004 RACE TRACK ROAD
TAMPA, FL 33626 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: DANIEL MUSCA 09/08/2009
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: MGR () Delete
Name: MEHTA, KISHAN C
Address: 9040 STAR TRAIL
City-St-Zip: NEWPORT RICHEY, FL 34654

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEHTA, AARTI
Address: 9040 STAR TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

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: AARTI MEHTA MGR 09/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date