

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000060831

Entity Name: AMPLIFY HEALTHCARE LLC

Current Principal Place of Business:

1304 ARTISAN AVENUE WEST
CELEBRATION, FL 34747

Current Mailing Address:

PO BOX 471154
CELEBRATION, FL 34747-1154 US

FEI Number: 46-1912750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNNING, ANDREW W
1304 ARTISAN AVENUE WEST
CELEBRATION, FL 34747 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 MGRM
Name DUNNING, ANDREW W
Address PO BOX 471154
City-State-Zip: CELEBRATION FL 34747-1154

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW W. DUNNING

OWNER/CONSULTANT

04/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date