

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006978

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** ACCELERATED HEALTH SYSTEMS OF FLORIDA LC

**Current Principal Place of Business:**

231 WALTON STREET, SUITE 200  
SYRACUSE, NY 13202

**New Principal Place of Business:**

17380 ALT A1A  
305  
JUPITER, FL 33477

**Current Mailing Address:**

231 WALTON STREET, SUITE 200  
SYRACUSE, NY 13202

**New Mailing Address:**

**FEI Number:** 36-4388501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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: MGRM  
Name: PIVOTAL ACQUISITION CORP.  
Address: 231 WALTON STREET, SUITE 200  
City-St-Zip: SYRACUSE, NY 13202

Title: MGR  
Name: GENECCO, TIMOTHY  
Address: 17380 ALT A1A  
City-St-Zip: JUPITER, FL 33477

I hereby 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: TIMOTHY GENECCO

MGR

06/17/2010

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