

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016615

**Entity Name:** ASHFIELD HEALTHCARE, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1 IVYBROOK BOULEVARD  
SUITE 110  
IVYBROOK, PA 18974

**New Principal Place of Business:**

**Current Mailing Address:**

1 IVYBROOK BOULEVARD  
SUITE 110  
IVYBROOK, PA 18974

**New Mailing Address:**

**FEI Number:** 61-1420419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPITOL CORPORATE SERVICES  
155 OFFICE PLAZA DR.  
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: VP  
Name: O'SULLIVAN, ROBERT  
Address: 1 IVYBROOK BOULEVARD SUITE 110  
City-St-Zip: IVYLAND, PA 18974

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: NEVILLE ACASTER

FD

04/29/2010

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