

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014876

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** ACV HEALTH SERVICES, L.L.C.

**Current Principal Place of Business:**

10676 MARVIN JONES BLVD  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4332  
DOWLING PARK, FL 32064

**New Mailing Address:**

**FEI Number:** 65-1186341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOXLEY, JOHN  
2329 N.E. 2ND STREET, SUITE 4  
OCALA, FL 34470 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  
**Name:** HORNE, CLAYDELL  
**Address:** 12479 COUNTY ROAD 49  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** MGR  
**Name:** BUSH, KERRY  
**Address:** 914 STEEPLECHASE DRIVE  
**City-St-Zip:** BRENTWOOD, TN 37027

**Title:** MGR  
**Name:** CRAFT, CHARLES  
**Address:** 3109 LANTERN WAY  
**City-St-Zip:** WILMINGTON, NC 28409

**Title:** MGR  
**Name:** DENIUS, LARRY  
**Address:** 4791 NICELYTOWN ROAD  
**City-St-Zip:** CLIFTON FORGE, VA 24422

**Title:** MGR  
**Name:** CARANASOS, GEORGE J  
**Address:** 2606 N.W. 27TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

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:** CLAYDELL HORNE

MGR

04/22/2010

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