

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 06, 2010  
Secretary of State**

DOCUMENT# L04000044667

**Entity Name:** ALACHUA HEALTH SERVICES, LLC

**Current Principal Place of Business:**

2730 NW 39TH AVE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

14828 NW 107 TERRACE  
ALACHUA, FL 32615 US

**New Mailing Address:**

**FEI Number:** 57-1207717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MORENO, JOSE I  
240 NW 76TH DRIVE  
SUITE D  
GAINESVILLE, FL 32607 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:** BARNETT, WILLIAM S  
**Address:** 2730 NW 39TH AVE  
**City-St-Zip:** GAINESVILLE, FL 32605 US

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: WILLIAM BARNETT      MGR      08/06/2010

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