

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079759

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTH ALTERNATIVES, LLC

**Current Principal Place of Business:**

10470 ROOSEVELT BOULEVARD  
G.N.C. #6092  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

10470 ROOSEVELT BOULEVARD  
G.N.C. #6092  
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 83-0410813      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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:** DAVIS, MATTHEW J  
**Address:** 17746 WALL CIRCLE  
**City-St-Zip:** REDINGTON SHORES, FL 33708 US

**Title:** MGR  
**Name:** DAVIS, ANN MARIE  
**Address:** 17746 WALL CIRCLE  
**City-St-Zip:** REDINGTON SHORES, FL 33708 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:** MATTHEW J DAVIS

MGRM

04/12/2010

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