

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100018

Entity Name: AMBO HEALTH LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

727 COMMERCE DR  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

727 COMMERCE DR  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 20-3662465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: CHALMERS, ANNE-MARIE  
Address: 1721 SOUTH CREEK DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: MGR  
Name: MARTINSEN, BO  
Address: 1721 SOUTH CREEK DRIVE  
City-St-Zip: OSPREY, FL 34229

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: BO MARTINSEN

MGR

04/21/2011

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