

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 043 ****55.00

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DOCUMENT # L06000004334 1. Entity Name AMHERST HEALTHCARE, LLC					
Principal Place of Business 1510 NW 105TH AVENUE PLANTATION, FL 33322			Mailing Address 1510 NW 105TH AVENUE PLANTATION, FL 33322		
2. Principal Place of Business - No P.O. Box # 2881 E. Oakland Pk Blvd Suite, Apt. #, etc. Suite 303 City & State Ft. Lauderdale, FL Zip 33306 Country USA		3. Mailing Address 2881 E. Oakland Pk Blvd Suite, Apt. #, etc. Suite 303 City & State Ft. Lauderdale, FL Zip 33306 Country USA		01162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 204094763		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent INOKON, ISANG 808 SE 4TH STREET APT. 23 FORT LAUDERDALE, FL 33301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Isang Inokon President</i></u> DATE <u><i>1/16/07</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INOKON, ISANG 808 SE 4TH STREET #23 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Isang Inokon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>1/16/07</i></u> Daytime Phone # <u><i>954 315 1752</i></u>		