

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004334

FILED
Mar 08, 2009
Secretary of State

Entity Name: AMHERST HEALTHCARE, LLC

Current Principal Place of Business:

2881 E. OAKLAND PARK BLVD
STE 303
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2881 E. OAKLAND PARK BLVD
STE 210
FORT LAUDERDALE, FL 33306

Current Mailing Address:

2881 E. OAKLAND PARK BLVD
STE 303
FORT LAUDERDALE, FL 33306

New Mailing Address:

2881 E. OAKLAND PARK BLVD
STE 210
FORT LAUDERDALE, FL 33306

FEI Number: 20-4094763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INOKON, ISANG
808 SE 4TH STREET
APT. 23
FORT LAUDERDALE, FL 33301 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 () Delete
Name: INOKON, ISANG
Address: 808 SE 4TH STREET #23
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ISANG INOKON

MGRM

03/08/2009

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