

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045124

FILED
Apr 25, 2007
Secretary of State

Entity Name: ALLIED PREFERRED HEALTH SERVICES, LLC

Current Principal Place of Business:

530 EAST CENTRAL BLVD
502
ORLANDO, FL 32801

New Principal Place of Business:

845 N GARLAND AVE
100
ORLANDO, FL 32856

Current Mailing Address:

530 EAST CENTRAL BLVD
502
ORLANDO, FL 32801

New Mailing Address:

PO BOX 560116
ORLANDO, FL 32856

FEI Number: 20-4794167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITO, ARTHUR
845 GARLAND AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

VITO, ARTHUR
845 GARLAND AVE
100
ORLANDO, FL 32801 US

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: ARTHUR VITO

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRISON, DR. H. DENNIS
Address: 530 EAST CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARRISON, DR. H. DENNIS
Address: PO BOX 560116
City-St-Zip: ORLANDO, FL 32856

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: H DENNIS HARRISON

P

04/25/2007

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