2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L06000045124

Entity Name: ALLIED PREFERRED HEALTH SERVICES, LLC

Current Principal Place of Business:

1812 W. COLONIAL DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PO BOX 560116
ORLANDO, FL 32856

New Mailing Address:

P. O. 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:

HARRISON, H. DENNIS DR.
1812 W. COLONIAL DRIVE
ORLANDO, FL 32804 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: HARRISON, H. DENNIS DR.
Address: PO BOX 560116
City-St-Zip: ORLANDO, FL 32856

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: DR. H, DENNIS HARRISON MGRM 04/18/2009

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