

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045124

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** ALLIED PREFERRED HEALTH SERVICES, LLC

**Current Principal Place of Business:**

1812 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

1814 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

P. O. BOX 560116  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 20-4794167      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

HARRISON, H. DENNIS DR.  
1814 W. COLONIAL DRIVE  
ORLANDO, FL 32804 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/01/2010

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HARRISON, H. DENNIS DR.  
**Address:** PO BOX 560116  
**City-St-Zip:** ORLANDO, FL 32856

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: DR. H. DENNIS HARRISON

MGRM

05/01/2010

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