

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054786

Entity Name: AHS INVESTMENT LLC

FILED  
Sep 02, 2008  
Secretary of State

**Current Principal Place of Business:**

14540 CORTEZ BLVD., STE 115  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

14540 CORTEZ BLVD., STE 115  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 20-4733337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SALEH, MOHAMAD I  
10320 N. 56TH ST.  
SUITE 100  
TAMPA, FL 33617 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: HIBA, MUHAMMED R  
Address: 14540 CORTEZ BLVD., STE 115  
City-St-Zip: BROOKSVILLE, FL 34613

Title: MGRM ( ) Delete  
Name: SALEH, MOHAMAD I  
Address: 10320 N. 56TH ST, STE 100  
City-St-Zip: TAMPA, FL 33617

Title: MGRM ( ) Delete  
Name: AKEL, MAHMOOD  
Address: 5433 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES:**

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

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

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: M.I.SALEH

MANG

09/02/2008

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