

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111812

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** FLORIDA INTEGRATED HEALTH SERVICES LLC

**Current Principal Place of Business:**

404 N ALEXANDER ST  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

404 N ALEXANDER ST  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 20-5916507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ADEYEMO, ABIOLA A  
4213 TRUMPWORTH COURT  
VALRICO, FL 33594 US

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

ADEYEMO, ABIOLA A  
4213 TRUMPWORTH COURT  
VALRICO, FL 33596 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: ABIOLA ADEYEMO

01/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ADEYEMO, ABIOLA A  
Address: 4213 TRUMPWORTH COURT  
City-St-Zip: VALRICO, FL 33596 US

**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: ABIOLA ADEYEMO

MR

01/31/2009

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