2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# L07000091688

Entity Name: FLEXIBLE HEALTH SERVICES, LLC

Current Principal Place of Business:

1611 PLATT STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1611 PLATT STREET
TAMPA, FL 33606 US

New Mailing Address:

846 NORMANDY TRACE RD
TAMPA, FL 33602 US

FEI Number: 26-0887881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKOW, ALLISON R
846 NORMANDY TRACE ROAD
TAMPA, FL 33602 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: MGR ( ) Delete
Name: MARKOW, ALLISON R
Address: 846 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602 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: ALLISON MARKOW MGR 02/01/2009

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