

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091688

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**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:**

846 NORMANDY TRACE RD  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 26-0887881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: MARKOW, ALLISON R  
Address: 846 NORMANDY TRACE ROAD  
City-St-Zip: TAMPA, FL 33602 US

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: ALLISON MARKOW

MGR

01/04/2011

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