

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100625

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** RELIANT HEALTH GROUP LLC

**Current Principal Place of Business:**

812 ARROWHEAD LANE  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

812 ARROWHEAD LANE  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 26-1932963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMINICO, THOMAS  
812 ARROWHEAD LANE  
NAPLES, FL 34108 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  
Name: DEMINICO, THOMAS  
Address: 812 ARROWHEAD LANE  
City-St-Zip: NAPLES, FL 34108

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: THOMAS A DEMINICO

MGRM

01/05/2010

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