

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006599

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AVIATION HEALTH ASSOCIATES, LLC

**Current Principal Place of Business:**

8000 RED BUG LAKE RD  
#200  
OVIEDO, FL 32765

**New Principal Place of Business:**

545 N/ MILLS AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

8000 RED BUG LAKE RD  
#200  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 26-2046854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOVATS, CHRISTIAN  
8000 RED BUG LAKE RD  
#200  
OVIEDO, FL 32765 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: KOVATS, CHRISTIAN  
Address: 8000 RED BUG LAKE RD  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLYNN, ANN  
Address: 8000 RED BUG LAKE RD  
City-St-Zip: OVIEDO, FL 32765

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: ANN FLYNN

OM

04/29/2009

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