

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008572

**FILED**  
**May 26, 2010**  
**Secretary of State**

**Entity Name:** ALLIED PREFERRED HEALTHCARE, LLC

**Current Principal Place of Business:**

7732 SILVER STAR ROAD STE 3  
ORLANDO, FL 32818

**New Principal Place of Business:**

1814 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

PO BOX 560116  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 26-1821821      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HARRISON, H. DENNIS  
7732 SILVER STAR ROAD STE 3  
ORLANDO, FL 32818    US

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

HARRISON, H. DENNIS  
1814 W. COLONIAL DRIVE  
ORLANDO, FL 32804    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: DR. H. DENNIS HARRISON

05/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HARRISON, H. DENNIS  
**Address:** 1814 W. COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32804

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: H. DENNIS HARRISON

DR

05/26/2010

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