

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037266

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** AJP HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

90 ALTON ROAD  
#1811  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

6503 NW 66 WAY  
PARKLAND, FL 33067

**Current Mailing Address:**

501 SE 2ND STREET  
#1508  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

6503 NW 66 WAY  
PARKLAND, FL 33067

FEI Number: 36-4630277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PECUCH, ALEXSIS  
501 SE 2ND STREET  
#1508  
FT. LAUDERDALE, FL 33301 US

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

PECUCH, ALEXSIS  
6503 NW 66 WAY  
PARKLAND, FL 33067 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: ALEXSIS PECUCH

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PECUCH, ALEXSIS  
Address: 501 SE 2ND STREET, #1508  
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PECUCH, ALEXSIS  
Address: 6503 NW 66 WAY  
City-St-Zip: PARKLAND, FL 33067

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: ALEXSIS PECUCH

MGRM

04/30/2009

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