

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060843

FILED
Jan 27, 2010
Secretary of State

Entity Name: AGILIS HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

6049 WEDGEWOOD VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

6049 WEDGEWOOD VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 26-2856710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORSFORD R.N., SUZAN
6049 WEDGEWOOD VILLAGE CIRCLE
LAKE WORTH, FL 33463 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: HORSFORD R.N., SUZAN
Address: 6049 WEDGEWOOD VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGRM
Name: JACKSON R.N., SOPHIA
Address: 3387 PONY RUN
City-St-Zip: WELLINGTON, FL 33449 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: SUZAN HORSFORD

R.N.

01/27/2010

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