

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072017

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** AF HEALTH, LLC

**Current Principal Place of Business:**

4300 KINGS HIGHWAY  
UNIT A  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

4300 KINGS HIGHWAY  
UNIT A  
PORT CHARLOTTE, FL 33980

**New Mailing Address:**

**FEI Number:** 26-3887743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUGDEN, JOHN S  
4300 KINGS HIGHWAY  
UNIT A  
PORT CHARLOTTE, FL 33980 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: P/T  
Name: SUGDEN, J. SCOTT  
Address: 1000 TAMiami TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP/S  
Name: PIPER, PATRICK  
Address: 1000 TAMiami TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33953

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: J. SCOTT SUGDEN

PRES

04/08/2010

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