

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000106814

Entity Name: AMERICAN HEALTH, LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12083 FOOTMAN CT  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

12083 FOOTMAN CT  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

P.O.BOX 17231  
JACKSONVILLE, FL 32245 US

FEI Number: 26-3727298      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:**

KARGE, SCOTT K JR.  
12083 FOOTMAN CT.  
JACKSONVILLE, FL 322456 US

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

SAWYER, WILLIAM L III  
12083 FOOTMAN CT.  
JACKSONVILLE, FL 32246 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: W.L. SAWYER III

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: KARGE, SCOTT K JR  
Address: P.O. BOX 17231  
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: COO  
Name: SAWYER, WILLIAM L III  
Address: P.O. BOX 17231  
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: CMO  
Name: MALLIKARJUNAN, SAMPATH J  
Address: P.O. BOX 17231  
City-St-Zip: JACKSONVILLE, FL 32245 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: W. L. SAWYER III

COO

02/17/2010

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