

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019038

Entity Name: SALVATION HEALTH LLC

FILED  
Feb 17, 2012  
Secretary of State

**Current Principal Place of Business:**

15000 CITRUS COUNTRY DR., SUITE 406  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4  
TRILBY, FL 33593

**New Mailing Address:**

FEI Number: 26-4670347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, CARRIE L  
19349 US HWY. 301  
DADE CITY, FL 33523 US

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

PEREZ, CARRIE L  
15000 CITRUS COUNTRY DR., SUITE 406  
DADE CITY, FL 33523 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: CARRIE L PEREZ

02/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PEREZ, CARRIE L  
Address: PO BOX 4  
City-St-Zip: TRILBY, FL 33593 US

Title: MGRM  
Name: PEREZ, EDWARD III  
Address: PO BOX 4  
City-St-Zip: TRILBY, FL 33593 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: CARRIE L PEREZ

MGRM

02/17/2012

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