

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048751

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN HEALTH CLINICS, LLC

**Current Principal Place of Business:**

3403 N.W. 82ND AVE.  
DORAL, FL 33172 US

**New Principal Place of Business:**

3403 NW 82ND AVE SUITE 300  
DORAL, FL 33172 US

**Current Mailing Address:**

690 HAMPTON LANE  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

3403 NW 82ND AVE SUITE 300  
DORAL, FL 33172 US

**FEI Number:** 27-1156446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARCOS GOMEZ, XAVIER  
690 HAMPTON LANE  
KEY BISCAYNE, FL 33149 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:** MARCOS GOMEZ, XAVIER  
**Address:** 690 HAMPTON LANE  
**City-St-Zip:** KEY BISCAYNE, FL 33149 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: XAVIER MARCOS

MGRM

04/19/2011

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