

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000057689

FILED  
May 07, 2010  
Secretary of State

**Entity Name:** ALLEN HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

1801 LEE RD.  
SUITE 130  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 LEE RD.  
SUITE 130  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 27-0367384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALLEN, DENNIS  
**Address:** 1801 LEE RD. SUITE 130  
**City-St-Zip:** WINTER PARK, FL 32789 US

**Title:** MGRM  
**Name:** HOPSON, ROBERT  
**Address:** 1801 LEE RD. SUITE 130  
**City-St-Zip:** WINTER PARK, FL 32789 US

**Title:** MGRM  
**Name:** ALLEN, SUSAN  
**Address:** 1801 LEE RD. SUITE 130  
**City-St-Zip:** WINTER PARK, FL 32789 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: DENNIS R. ALLEN

CEO

05/07/2010

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