

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084475

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

**Entity Name:** ELEUS HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

830 29TH STREET  
ORLANDO, FL 32805

**New Principal Place of Business:**

1675 PALM BEACH LAKES BOULEVARD  
SUITE 900  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

100 SECOND AVENUE SOUTH, SUITE 901-S  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

1675 PALM BEACH LAKES BOULEVARD  
SUITE 900  
WEST PALM BEACH, FL 33401

**FEI Number:** 27-0732390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701 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: AIRAMID FLORIDA LLC  
Address: 1675 PALM BEACH LAKES BOULEVARD, SUITE 900  
City-St-Zip: WEST PALM BEACH, FL 33401

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: AIRAMID FLORIDA LLC

MGRM

03/08/2010

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