

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089764

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** AXIOM PROFESSIONAL HEALTHCARE ASSOCIATION, LLC

**Current Principal Place of Business:**

5452 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

220 S RIDGEWOOD AVE  
STE 200  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

PO BOX 730956  
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number:** 27-1564787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT ABRAHAM, P.A.  
220 S. RIDGEWOOD AVE, STE 200  
DAYTONA BEACH, FL 32114 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: MGR  
Name: CANTILLO, JULIAN G  
Address: PO BOX 730956  
City-St-Zip: ORMOND BEACH, FL 32173

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: JULIAN G. CANTILLO

MGR

04/28/2011

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