

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000009030

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** AMZ HEALTHCARE CONSULTING LLC

**Current Principal Place of Business:**

2800 CEDENA COVE STREET  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 CEDENA COVE STREET  
ORLANDO, FL 32817 US

**New Mailing Address:**

**FEI Number:** 27-1974970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAK, AMANDA M  
2800 CEDENA COVE STREET  
ORLANDO, FL 32817 US

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

WALDEN, AMANDA M  
2800 CEDENA COVE STREET  
ORLANDO, FL 32817 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:** AMANDA MARIE WALDEN

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WALDEN, AMANDA M  
**Address:** 2800 CEDENA COVE STREET  
**City-St-Zip:** ORLANDO, FL 32817 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:** AMANDA MARIE WALDEN

MGRM

04/30/2011

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