

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021722

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** AHC ADVANTAGE CARD, LLC

**Current Principal Place of Business:**

3403 NW 82ND AVENUE  
SUITE 300  
DORAL, FL 33122

**New Principal Place of Business:**

2801 NW 87TH AVE  
DORAL, FL 33172

**Current Mailing Address:**

3403 NW 82ND AVENUE  
SUITE 300  
DORAL, FL 33122

**New Mailing Address:**

2801 NW 87TH AVE  
DORAL, FL 33172

**FEI Number:** 27-2332670

**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:** AMERICAN HEALTH CLINICS, LLC  
**Address:** 3403 NW 82ND AVE SUITE 300  
**City-St-Zip:** DORAL, FL 33122

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 A. MARCOS

MGRM

03/20/2012

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