

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087044

Entity Name: AVIVAIHP, LLC

**FILED**  
**May 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1665 RUTLEDGE ROAD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 161522  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

FEI Number: 27-3314688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IHP CLINIC MANAGEMENT, LLC  
1665 RUTLEDGE ROAD  
LONGWOOD, FL 32779 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: IHP CLINIC MANAGEMENT, LLC  
Address: 1665 RUTLEDGE ROAD  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: AVIVA HEALTHCARE, INC.  
Address: 335 VISTA OAK DR  
City-St-Zip: LONGWOOD, FL 32779

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: MICHELLE MCCORMACK

MGRM

05/09/2011

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