

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000091096

FILED
Mar 15, 2011
Secretary of State

Entity Name: AYADAWAY HEALTH SERVICES L.L.C.

Current Principal Place of Business:

12225 HERON COVE COURT
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

12225 HERON COVE COURT
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 90-0605323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALLS, ELTON M
12225 HERON COVE COURT
JACKSONVILLE, FL 32218 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: HALLS, ELTON M
Address: 12225 HERON COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM
Name: HALLS, LEONA A
Address: 12225 HERON COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM
Name: HALLS, JADE A
Address: 12225 HERON COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM
Name: HALLS, RAVEN L
Address: 12225 HERON COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218 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: ELTON M. HALLS

MGRM

03/15/2011

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