

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114544

Entity Name: MAX HEALTH CONSULTING, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

12940 JUPITER HILLS CIRCLE N.  
JACKSONVILLE, FL 32225 US

## **New Principal Place of Business:**

12086 FORT CAROLINE RD. STE 502  
JACKSONVILLE, FL 32225 US

## **Current Mailing Address:**

12940 JUPITER HILLS CIRCLE N.  
JACKSONVILLE, FL 32225 US

## **New Mailing Address:**

12086 FORT CAROLINE RD. STE 502  
JACKSONVILLE, FL 32225 US

FEI Number: 27-3848820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUMMIT FINANCIAL AND CONSULTING SERVICES  
12940 JUPITER HILLS CIRCLE N.  
JACKSONVILLE, FL 32225 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: ISLEIB, JOHN E II  
Address: 12940 JUPITER HILLS CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: ISLEIB, DAVIA L  
Address: 12940 JUPITER HILLS CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32225

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: DAVIA ISLEIB

MGRM

04/21/2011

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