

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000013484

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** ALLIED HEALTH ADVISORS LLC

**Current Principal Place of Business:**

10 EDGEWATER DRIVE  
APT 8E  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

10 EDGEWATER DRIVE  
APT 8E  
CORAL GABLES, FL 33133

**New Mailing Address:**

**FEI Number:** 27-4732451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIMMEL, LAWRENCE M.D.  
10 EDGEWATER DRIVE  
APT 8E  
CORAL GABLES, FL 33133 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: SCHIMMEL, LAWRENCE M.D.  
Address: 9320 SW 61ST COURT  
City-St-Zip: PINECREST, FL 33156

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: LAWRENCE SCHIMMEL

MGRM

02/01/2012

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