

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000019484

FILED
Apr 27, 2012
Secretary of State

Entity Name: ALLIED HEALTH SUPPLY LLC

Current Principal Place of Business:

6931 N VISTA PARKWAY UNIT 19
WEST PALM BEACH, FL 33411

New Principal Place of Business:

6931 N VISTA PARKWAY UNIT 20
WEST PALM BEACH, FL 33411

Current Mailing Address:

6931 N VISTA PARKWAY UNIT 19
WEST PALM BEACH, FL 33411

New Mailing Address:

6931 N VISTA PARKWAY UNIT 20
WEST PALM BEACH, FL 33411

FEI Number: 27-4830070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, ERIN
6931 N VISTA PARKWAY UNIT 19
WEST PALM BEACH, FL 33411 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: P
Name: FOLEY, ERIN
Address: 6931 N VISTA PARKWAY UNIT 19
City-St-Zip: WEST PALM BEACH, FL 33411

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: ERIN FOLEY

P

04/27/2012

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