

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000055224

FILED
Sep 24, 2012
Secretary of State

Entity Name: ACTIVE WAY HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

3521 N CALIFORNIA DR
SUITE C
PEORIA, IL 61603

New Principal Place of Business:

3521 N CALIFORNIA AVE
SUITE C
PEORIA, IL 61603

Current Mailing Address:

3521 N CALIFORNIA DR
SUITE C
PEORIA, IL 61603

New Mailing Address:

3521 N CALIFORNIA AVE
SUITE C
PEORIA, IL 61603

FEI Number: 27-3178457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWSON, SANDI L
2 PORTOFINO DR
SUITE 1406
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

LAWSON, SANDI L
321 BREAM STREET
SUITE 301
FORT WALTON BEACH, FL 32548 US

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:

09/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LAWSON, SANDI L
Address: 321 BREAM STREET SUITE 301
City-St-Zip: FORT WALTON BEACH, FL 32548

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: SANDI L. LAWSON

MGR

09/24/2012

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