

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003536

**Entity Name:** ALLIED HEALTH GROUP, LLC

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6551 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**New Principal Place of Business:**

145 TECHNOLOGY PARKWAY NW  
NORCROSS, GA 30092

**Current Mailing Address:**

6551 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 38-3786423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MDA HOLDINGS, INC  
Address: 145 TECHNOLOGY PARKWAY NW  
City-St-Zip: NORCROSS, GA 30092

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: MDA HOLDINGS, INC.

MGRM

01/14/2011

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