

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003285

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CONSULTING SUPPORT SERVICES LLC

**Current Principal Place of Business:**

C/O PHS COPORATE SERVICES, INC.  
1313 NORTH MARKET STREET, SUITE 5100  
WILMINGTON, DE 19801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PHS COPORATE SERVICES, INC.  
1313 NORTH MARKET STREET, SUITE 5100  
WILMINGTON, DE 19801

**New Mailing Address:**

**FEI Number:** 27-0745589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701 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: MGR  
Name: AIRAMID HEALTH SERVICES LLC  
Address: 1675 PALM BEACH LAKES BLVD., SUITE 900  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DEBRA HOWE

MGR

04/30/2012

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