

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092749

**Entity Name:** AXIOM HEALTHCARE CONSULTING, LLC

**Current Principal Place of Business:**

69 APPALOOSA LANE  
BUILDING C, STE 202  
ORMOND BEACH,, FL 32174

**Current Mailing Address:**

P O BOX 730956  
ORMOND BEACH, FL 32173

**FEI Number:** 27-1564787

**Certificate of Status Desired:** No

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

ROBERT ABRAHAM, P.A.  
220 S RIDGEWOOD AVE  
STE 200  
DAYTONA BEACH, FL 32114 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CANTILLO, JULIAN G  
Address P O BOX 730956  
City-State-Zip: ORMOND BEACH FL 32173

Title MGR  
Name CANTILLO, ILEANA  
Address P O BOX 730956  
City-State-Zip: ORMOND BEACH FL 32173

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIAN G. CANTILLO

**MANAGER**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date