

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000046256

Entity Name: AXIOM HEALTHCARE, LLC

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 730956
ORMOND BEACH, FL 32173

FEI Number: 45-2426881

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAHAM, ROBERT
220 S. RIDGEWOOD AVE.
SUITE 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 PO BOX 730956
City-State-Zip: ORMOND BEACH FL 32173

Title MGR
Name CANTILLO, ILEANA
Address PO 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