LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**



FILED

1. Entity Name				03 APR-18-14-2008:555-00650:00	
HIPPOCRATIC POLLING, LLC			SECHETARY OF STATE TALLAHASSEE FLORIDA		
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2. Principal Place of Business SBO DENARVAEZ DRIVE 2.0. Box			3319		MJH
Suite, Apt. #, etc. Suite, Apt. #,			3317	DO NOT WRITE IN THIS S	SPACE
City & Sta	. ,	City & State	FLORIVA	4. FEI Number 59 - 3743669	Applied For Not Applicable
34228	Country	34230	Country		\$5.00 Additional Fee Required
7. Name and Address of Current Registered Agent Name					
DO NOT WRITE Street Address (P.O. Box Number-is Not Acceptable)					
IN THIS SPACE					
			City	FL	Zip Code
8. The above	named entity submits this statement for	the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida. I am fa	unitiar with, and accept
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registrance and use if applicable. WM JOHN CARSON 10 MARCH 03 DATE					
FEE(IS)\$50:00\/ Make/Check/Payable to Florida Department of State					
DUE:BY:MAY 1					
9.	MANAGING MEMBER	S/MANAGERS	S. AMES AND ASSESSMENT OF THE PARTY OF THE P		
NAME	WILLIAM JOHN	CARSON	NAME		3 4 4 3
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11. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10 MARCH 07

<u> 441-383. 6876</u>

Daytime Phone #