

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004923

Entity Name: JOHN D. OLIVIER, PLLC

FILED  
Feb 13, 2007  
Secretary of State

**Current Principal Place of Business:**

C/O HCRM CORP.  
2200 CORPORATE BLVD. NW, SUITE 401  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HCRM CORP.  
2200 CORPORATE BLVD. NW, SUITE 401  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

HCRM COPR.  
2200 CORPORATE BLVD. N.W.  
SUITE 401  
BOCA RATON, FL 33431 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 ( ) Delete  
Name: OLIVIER, JOHN D  
Address: 3100 N. OCEAN BLVD., APT 2404  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN D. OLIVIER

MGR

02/13/2007

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