2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018021

1. Entity Name
IMPACT HCX OF TAMPA BAY, L.L.C.

Principal Place of Business	Mailing Address
7627 COURTNEY CAMPBELL CAUSEWAY TAMPA, FL 34607	7627 COURTNEY CAMPBELL CAUSEWAY TAMPA, FL 34607

04052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0633183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, NILESH
115 SOUTH WILLOW AVE.
TAMPA, FL 33606

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000144899
04/30/04-80146-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, SARJU
STREET ADDRESS	18305 WEYBURNE AVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MEM
NAME	IMPACT MGMT, INC.
STREET ADDRESS	7627 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP	TAMPA, FL 34607
TITLE	MEM
NAME	SARRK HCX OF TAMPA BAY, LLC
STREET ADDRESS	18305 WEYBURNE AVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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: Patel 04/05/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #