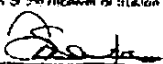


FILED
Jul 18, 2007 8:00 am
Secretary of State

05-01-2007 90390 001 ***100.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

516

DOCUMENT # L02000018021			
1. Entity Name IMPACT HCX OF TAMPA BAY, L.L.C.			
Principal Place of Business 3001 N ROCKY PT DR E, STE 390 TAMPA, FL 33607		Mailing Address 3001 N ROCKY PT DR E, STE 390 TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B DOWNS BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc. D	
City & State TAMPA FL		City & State	
Zip 33647		Country USA	
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	
7. Name and Address of New Registered Agent NILESH M PATEL 117 So. Willow NE SUITE 200 TAMPA FL 33606			
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 agents.			
SIGNATURE:  DATE: 4/29/07			
Filing Fee is \$50.00 Due by May 1, 2007			
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MEM NAME: IMPACT MGMT, INC. STREET ADDRESS: 2822 COURTNEY CAMPBELL CIRCLEWAY CITY-STATE-ZIP: TAMPA, FL 34607		MEM NAME: IMPACT MGMT, INC. STREET ADDRESS: 3001 N. ROCKY PT DR E, STE 390 CITY-STATE-ZIP: TAMPA, FL 34607	
MEM NAME: SARRK HCX OF TAMPA BAY, LLC STREET ADDRESS: 19046 WEYBORNE AVE CITY-STATE-ZIP: TAMPA, FL 33647		MEM NAME: SARRK HCX OF TAMPA BAY, LLC STREET ADDRESS: 19046 BRUCE B DOWNS BLVD, SUITE 301 CITY-STATE-ZIP: TAMPA, FL 33647	
MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:		MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:	
MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:		MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:	
MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:		MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:	
MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:		MEM NAME: STREET ADDRESS: CITY-STATE-ZIP:	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 10, Part 04, 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 person or person authorized to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE:  - NILESH M. PATEL DATE: 4/28/07 813-240-2125			