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

05-01-2007 90390 001 ***100.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018021

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

30011885

Principal Place of Business	Mailing Address
3001 N ROCKY PT DR E, STE 390 TAMPA, FL 33607	3001 N ROCKY PT DR E, STE 390 TAMPA, FL 33607

04272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19046 BRUCE B DOWNS BLVD	
Suite, Apt #, etc.: SUITE 301	Suite, Apt #, etc.
City & State: TAMPA FL	City & State
Zip: 33647 Country: USA	Zip Country

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	7. Name and Address of New Registered Agent
PATEL, NILESH 115 SOUTH WILLOW AVE. TAMPA, FL 33606	Name: NILESH M PATEL Street Address (P.O. Box Number is Not Acceptable): 117 So. Willow AVE SUITE 200 City: TAMPA FL Zip Code: 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 agent.

SIGNATURE: [signature] 6/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM IMPACT MGMT, INC. ~~7622 COURTNEY CAMPBELL CAUSEWAY~~ TAMPA, FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ MGING MEMBER IMPACT MGMT, INC. 3001 N. ROCKY PT DR E, STE 390 TAMPA, FL 34607 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SARRK HCX OF TAMPA BAY, LLC ~~10908 WEYBURNE AVE~~ TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARRK HCX OF TAMPA BAY, LLC 19046 BRUCE B DOWNS BLVD, SUITE 301 TAMPA, FL 33647 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] - SANJIV R. PATEL 06/28/07 813-240-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #