

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016942

Entity Name: HEALTH CARE PRODUCTS, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1055 MAITLAND CENTER COMMONS
100
MAITLAND, FL 32751 US

New Principal Place of Business:

751 CORNWALL ROAD
SANFORD, FL 32773 US

Current Mailing Address:

1055 MAITLAND CENTER COMMONS
100
MAITLAND, FL 32751 US

New Mailing Address:

751 CORNWALL ROAD
SANFORD, FL 32773 US

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

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR, ESQ
315 E. ROBINSON ST., STE. 600
ORLANDO, FL 32801 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/MEMBERS:

Title: MGR () Delete
Name: MCCLANDON, JOEANN
Address: 1055 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCLANDON, JOEANN
Address: 751 CORNWALL ROAD
City-St-Zip: SANFORD, FL 32773 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOE ANN MCCLANDON

MGR

04/30/2005

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