

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016942

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** HEALTH CARE PRODUCTS, LLC

**Current Principal Place of Business:**

751 CORNWALL ROAD  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

751 CORNWALL ROAD  
SANFORD, FL 32773 US

**New Mailing Address:**

**FEI Number:** 11-3688252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWMAN, WILLIAM R JR, ESQ  
1000 LEGION PLACE  
STE#1700  
ORLANDO, FL 32802 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: MCCLANDON, JOEANN  
Address: 751 CORNWALL ROAD  
City-St-Zip: SANFORD, FL 32773 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 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: JOE ANN MCCLANDON

MGR

04/23/2009

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