


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000023745</b> 1. Entity Name HSC OF SUNRISE, LLC	
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Principal Place of Business 5269-5279 HIATUS RD SUNRISE, FL 33351	Mailing Address 5269-5279 HIATUS RD SUNRISE, FL 33351
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01052006 No Chg-LLC

CR2E083 (11/05)

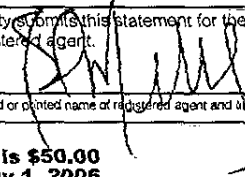
**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MILLER, BONNIE J 5269 N HIATUS ROAD SUNRISE, FL 33351
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

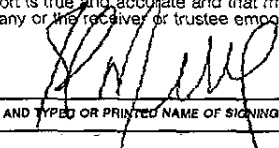
SIGNATURE  DATE 1/6/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTRI, MICHELE 5269 N HIATUS RD SUNRISE, FL 33351
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<p>11000001382377 01/12/06-80008-006 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  DATE 1/6/06 DAYTIME PHONE 9545788200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE