

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001616

Entity Name: HOSPITAL WASTE SERVICES, LLC

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

621 NW 53RD ST, #240
BOCA RATON, FL 33487 US

Current Mailing Address:

621 NW 53RD ST, #240
BOCA RATON, FL 33487 US

New Principal Place of Business:

11587 WEST ATLANTIC BLVD.
SUITE 27
CORAL SPRINGS, FL 33071 US

New Mailing Address:

11587 WEST ATLANTIC BLVD.
SUITE 27
CORAL SPRINGS, FL 33071 US

FEI Number: 20-0569916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWER, TANYA L ESQ.
TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

JONES, JOHN M
11587 WEST ATLANTIC BLVD.
SUITE 27
CORAL SPRINGS, FL 33071 US

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: JOHN M. JONES

03/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JONES, JOHN
Address: 621 NW 53RD ST, #240
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR (X) Delete
Name: AMMERMAN, WILLIAM
Address: 621 NW 53RD ST, #240
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR (X) Delete
Name: TOOMEY, MICHAEL
Address: 621 NW 53RD ST, #240
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR (X) Delete
Name: MCLEMORE, DAN
Address: 621 NW 53RD ST, #240
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, JOHN
Address: 11587 WEST ATLANTIC BLVD., SUITE 27
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN M. JONES

MGRM

03/10/2005

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