

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015940

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** HEALTH CARE PRODUCTS OF FLORIDA LLC

**Current Principal Place of Business:**

3956 TOWN CENTER BLVD.  
#295  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771753  
ORLANDO, FL 32877 US

**New Mailing Address:**

**FEI Number:** 65-1241076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, SANDRA S  
3656 TOWN CENTER BLVD  
#295  
ORLANDO, FL 32837 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: HARRIS, SANDRA S  
Address: 3656 TOWN CENTER BLVD. #295  
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARRIS, SANDRA S  
Address: 3656 TOWN CENTER BLVD. #295  
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA S HARRIS

OWNE

03/16/2006

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