

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000065647

1. Entity Name
HEALTHCARE WASTE SOLUTIONS OF FLORIDA, LLC



Principal Place of Business
431 OHIO PIKE, SUITE 173 SOUTH
CINCINNATI, OH 45255

Mailing Address
431 OHIO PIKE, SUITE 173 SOUTH
CINCINNATI, OH 45255

FILED

2007 SEP -4 P 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07312007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
11-3727776

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

900108980559

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEALTHCARE WASTE SOLUTIONS, INC.
STREET ADDRESS	431 OHIO PIKE, SUITE 173 SOUTH
CITY - ST - ZIP	CINCINNATI, OH 45255
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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.

HEALTHCARE WASTE SOLUTIONS, INC.

SIGNATURE: By: Jonathan Dunay, CFO

(513) 528-0863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

CSC.

CORPORATION SERVICE COMPANY

FILED

ACCOUNT NO. : 072100000032

REFERENCE : 050652 4719018

AUTHORIZATION :

COST LIMIT : \$ 55.00

2007 SEP -4 P 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 10, 2007

ORDER TIME : 10:17 AM

ORDER NO. : 050652-005

CUSTOMER NO: 4719018

ANNUAL REPORT FILING

NAME: HEALTHCARE WASTE SOLUTIONS OF
FLORIDA, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 SEP -4 AM 10:39
TO ACKNOWLEDGE
SUFFICIENCY OF FILING