

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065647

FILED
Apr 28, 2012
Secretary of State

Entity Name: HEALTHCARE WASTE SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

4357 FERGUSON DRIVE
SUITE 100
CINCINNATI, OH 45245

New Principal Place of Business:

28161 NORTH KEITH DRIVE
LAKE FOREST, IL 60045 US

Current Mailing Address:

4357 FERGUSON DRIVE
SUITE 100
CINCINNATI, OH 45245

New Mailing Address:

28161 NORTH KEITH DRIVE
LAKE FOREST, IL 60045 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: MILLER, MARK C
Address: 28161 NORTH KEITH DRIVE
City-St-Zip: LAKE FOREST, IL 60045 US

Title: VPD
Name: KOGLER, RICHARD T
Address: 28161 NORTH KEITH DRIVE
City-St-Zip: LAKE FOREST, IL 60045 US

Title: VPST
Name: TEN BRINK, FRANK J. M.
Address: 28161 NORTH KEITH DRIVE
City-St-Zip: LAKE FOREST, IL 60045 US

Title: AS
Name: TOTH, RHONDA
Address: 28161 NORTH KEITH DRIVE
City-St-Zip: LAKE FOREST, IL 60045 US

I hereby 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: MANDELINE HENDRICKS POA 04/28/2012

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