

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020672

Entity Name: HOUSE CALLS OF CENTRAL FLORIDA, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

7 ORANGE AVE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

9 ORANGE AVE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

125 E. MERRITT ISLAND CSWY  
SUITE 209 BOX 206  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 75-3183632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JERKINS, SUSAN  
7 ORANGE AVE  
ROCKLEDGE, FL 32955 US

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

JERKINS, SUSAN  
9 ORANGE AVE  
ROCKLEDGE, FL 32955 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: SUSAN JERKINS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BREVARD HEALTH AND W, ELLNESS CENTER , LLC  
Address: 7 ORANGE AVE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN JERKINS

MGR

04/30/2008

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