2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000027441 1. Entity Name REGIONAL LYMPHEDEMA CENTER, LLC						04-13-2006 90041 025 ****50.00			
Principal Place 14048 KANE SPRING HILL,	ROAD		Mailing Address 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601			EARRIMIER		~ '3 • 9000 Nou (2000 B)30 8(8)	E! [T
2. Principal Place of Business			3. Mailing Address 14048 Kane Road						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142006	Chg-LLC	CR2E083 (11/0	05)
City & State			City & State Spring Hill FL			4. FEI Numb	53 2008		Applied For Not Applicable
Zip		Country	3 Y 6 0 7	Count	ry 	5. Certificate	e of Status Desired	□ \$5.00 Fee Req	Additional uired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
THE HOGA 20 SOUTH BROOKSV	BROAD	STREET		į	Street Address	(P.O. Box Numb & Ka	C. Don ber is Not Acceptable ne Roa) /	
					City Sprin				00de 1609
8. The above named exitis 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, Weed or printed name of registered agent and title (if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fil Du	ling Fee ue by Ma	is \$50.00 y 1, 2006						e check payable : a Department of S	
9.		MANAGING MEMBE	ERS/MANAGERS	10.		-	ADDITIONS/	CHANGES	
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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 eath; that I am a managing member or manager of the									
limited liability company or the receiver cognistee empowered to execute this report as required by Chapter 608, Florida Statutes.									
440-06 ~									
SIGNATURE: BIGMATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Designed Priorie 9									
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