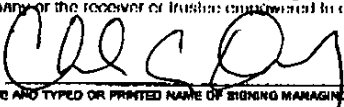


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90036 007 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027441			
1. Entity Name REGIONAL LYMPHEDEMA CENTER, LLC			
Principal Place of Business 14048 KANE ROAD SPRING HILL, FL 34609		Mailing Address 14048 KANE ROAD SPRING HILL, FL 34609	
2. Principal Place of Business - No P.O. Box # 19387 HIDDEN OAKS DR State, Apt. #, etc.		3. Mailing Address 19387 HIDDEN OAKS DR State, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL	
Zip 34604	Country USA	Zip 34604	Country USA
4. FCI Number 20-2532008		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04202007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DONLEY, CHARLES C 14048 KANE RD SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name: Street: 19387 HIDDEN OAKS DR City: BROOKSVILLE FL Zip Code: 34604	
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 state if applicable) (NOTE: Registered Agent is person registered with the state) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DONLEY, CHARLES C 14048 KANE ROAD SPRING HILL, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	19387 HIDDEN OAKS DR BROOKSVILLE FL 34604 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/26/07 352-346-7085	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

40088344

