Apr 24 07 02:17p Patrick Acct & Taxes 352

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

400088344

Principal Place of Business
14048 KANE ROAD
SPRING HILL, FL 34609

Mailing Address
14048 KANE ROAD
SPRING HILL, FL 34609

04202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 19387 HIDDEN OAKS DR
Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL
Zip: 34604 Country: USA

3. Mailing Address: 19387 HIDDEN OAKS DR
Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL
Zip: 34604 Country: USA

4. FEI Number: 20-2532008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 Address (P.O. Box Number is Not Acceptable): 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) 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-ST-ZIP	~~MGR~~ DONLEY, CHARLES C ~~14048 KANE ROAD~~ ~~SPRING HILL, FL 34609~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	19387 HIDDEN OAKS DR BROOKSVILLE FL 34604	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/20/07 352-346-7085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #