

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074053

**FILED  
Apr 18, 2007  
Secretary of State**

**Entity Name:** STRATUS HEALTH HOLDINGS COLLECTIONS, LLC

**Current Principal Place of Business:**

201 CLEVELAND STREET  
SUITE 825  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

201 CLEVELAND STREET  
SUITE 825  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 20-3238955      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCCAIN, CARTER B  
201 N. FRANKLIN STREET, STE. 2000  
TAMPA, FL 33602 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: MR. ( ) Delete  
Name: HOOD, STEPHEN R  
Address: 201 N. FRANKLIN STREET, STE. 2000  
City-St-Zip: TAMPA, FL 33602

**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 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: STEPHEN HOOD

MRG

04/18/2007

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