

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007274

FILED
Jan 14, 2007
Secretary of State

Entity Name: HEMOPHILIA CARE OF FLORIDA, LLC

Current Principal Place of Business:

13300-56 S. CLEVELAND AVENUE
PMB #236
FORT MYERS, FL 33907 US

New Principal Place of Business:

11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913 US

Current Mailing Address:

13300-56 S. CLEVELAND AVENUE
PMB #236
FORT MYERS, FL 33907 US

New Mailing Address:

11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33907 US

FEI Number: 04-3840707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REACHED THE BEACH LLC
13300-56 S. CLEVELAND AVENUE
PMB #236
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

REACHED THE BEACH LLC
11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913 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: BRIAN OWENS

01/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWENS, BRIAN A
Address: 13300-56 S. CLEVELAND AVENUE
City-St-Zip: FORT MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OWENS, BRIAN A
Address: 11300 LINDBERGH BLVD., SUITE 103
City-St-Zip: FORT MYERS, FL 33913 US

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: BRIAN OWENS

MGR

01/14/2007

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