2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# L06000016706

Entity Name: GHMS, LLC

Current Principal Place of Business:

3605 SOUTH HUBERT AVENUE
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 13309
TAMPA, FL 33681 US

New Mailing Address:

FEI Number: 20-4317195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARLE, MELISSA R
3605 SOUTH HUBERT AVENUE
TAMPA, FL 33629 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:	MGRM	( ) Delete
Name:	SCARLE, WILLIAM H III	
Address:	3605 S. HUBERT AVENUE	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	MGRM	( ) Delete
Name:	SCARLE, MELISSA R	
Address:	3605 S. HUBERT AVENUE	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	MGRM	( ) Delete
Name:	SCARLE, GLORIA J	
Address:	5612 SAMTER COURT	
City-St-Zip:	TAMPA, FL 33611 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GLORIA SCARLE MGRM 03/08/2007

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