

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016706

Entity Name: GHMS, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

7002 S WESTSHORE BLVD.
TAMPA, FL 33616 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 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

03/17/2009

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