

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019406

Entity Name: H & H MEDICAL SERVICES, PLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

3535 WADING HERON TERRACE
OVIEDO, FL 32766

New Principal Place of Business:

1945 WEST COUNTY ROAD 419
SUITE 1101
OVIEDO, FL 32766

Current Mailing Address:

3535 WADING HERON TERRACE
OVIEDO, FL 32766

New Mailing Address:

1945 WEST COUNTY ROAD 419
SUITE 1101
OVIEDO, FL 32766

FEI Number: 20-4296528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARBOUR, DAVID M
3535 WADING HERON TERRACE
OVIEDO, FL 32766 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: HILL, CHRISTOPHER C
Address: 3535 WADING HERON TERRACE
City-St-Zip: OVIEDO, FL 32766 US

Title: MGRM () Delete
Name: HARBOUR, DAVID M
Address: 3535 WADING HERON TERRACE
City-St-Zip: OVIEDO, FL 32766 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HILL, CHRISTOPHER C
Address: 1945 WEST COUNTY ROAD 419 SUITE 1101
City-St-Zip: OVIEDO, FL 32766 US

Title: MGRM (X) Change () Addition
Name: HARBOUR, DAVID M
Address: 1945 WEST COUNTY ROAD 419 SUITE 1101
City-St-Zip: OVIEDO, FL 32766 US

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: DAVID HARBOUR

MGRM

01/04/2008

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