

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000019406

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** H & H MEDICAL SERVICES, PLC

**Current Principal Place of Business:**

1945 WEST COUNTY ROAD 419  
SUITE 1101  
OVIEDO, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

1945 WEST COUNTY ROAD 419  
SUITE 1101  
OVIEDO, FL 32766

**New Mailing Address:**

**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  
Name: HARBOUR, JOANN S  
Address: 1945 WEST COUNTY ROAD 419 SUITE 1101  
City-St-Zip: OVIEDO, FL 32766 US

Title: MGRM  
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 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 M HARBOUR

MGRM

03/02/2011

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