2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# L06000025818

Entity Name: HEMORRHOID CENTER OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1000 LINTON BLVD.
DELRAY, FL 33444

New Principal Place of Business:

16800 NW 2ND AVENUE
SUITE 606
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

C/O DOUGLAS MANOLAKOS
1000 LINTON BLVD.
DELRAY, FL 33444

New Mailing Address:

C/O HRC MANAGEMENT SERVICES
PO BOX 448
OLNEY, MD 208300448

FEI Number: 20-4494847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MANOLAKOS, DOUGLAS
Address: 1000 LINTON BLVD.
City-St-Zip: DELRAY, FL 33444

ADDITIONS/CHANGES:

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: DOUGLAS MANOLAKOS MEMB 03/21/2007

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