

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000025818

**FILED**  
**Jan 21, 2008**  
**Secretary of State**

**Entity Name:** HEMORRHOID CENTER OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 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      MGRM      01/21/2008

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