2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055817

Entity Name: HANDS ON HEALTHCARE, LLC

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2350 WEST OAKLAND PARK BOULEVARD SUITE 650

FORT LAUDERDALE, FL 33311

Name:

New Mailing Address: Current Mailing Address:

2350 WEST OAKLAND PARK BOULEVARD SUITE 650 FORT LAUDERDALE, FL 33311

FEI Number: 20-5006883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUCHHOLZ, JAN 2350 WEST OAKLAND PARK BOULEVARD

SUITE 650

SUITE 650 FORT LAUDERDALE, FL 33311 US FORT LAUDERDALE, FL 33311 US

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.

BUCHHOLZ, JAN S DC

2350 WEST OAKLAND PARK BOULEVARD

SIGNATURE: ANNA M. GONZALEZ 04/24/2007

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

BUCHHOLZ, JAN BUCHHOLZ, JAN Address: 2350 WEST OAKLAND PARK BOULEVARD Address: 2350 WEST OAKLAND PARK BOULEVARD

City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ANNA M. GONZALEZ **OWNR** 04/24/2007