

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058443

FILED
Mar 31, 2009
Secretary of State

Entity Name: HYPERBARIC AND WOUND CARE SERVICES OF OCALA, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37202

New Mailing Address:

FEI Number: 14-1965541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: MOORE, A BRUCE JR
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: MGR () Delete
Name: JOHNSON, R MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

Title: MGR () Delete
Name: HANKINS, ROBERT SAMUEL JR
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RUTHERFORD, WILLIAM B
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203

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: A. BRUCE MOORE, JR.

MGR

03/31/2009

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