

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063073

FILED
Feb 15, 2007
Secretary of State

Entity Name: HEALTHCARE CREATIONS, LLC

Current Principal Place of Business:

5007 W. SAN JOSE ST.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

5007 W. SAN JOSE ST.
TAMPA, FL 33629

New Mailing Address:

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

Name and Address of Current Registered Agent:

ANDERSON, JOYCE B
5007 W. SAN JOSE ST.
TAMPA, FL 33629 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: FRANKLE, MARK
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TAMPA, FL 33637

Title: MGR () Delete
Name: GASSER, SETH
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TAMPA, FL 33637

Title: MGRM () Delete
Name: ANDERSON, JOYCE B
Address: 5007 W. SAN JOSE ST.
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: PUPELLO, DEREK
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TAMPA, TA 33637

Title: MGRM () Delete
Name: GUTIERREZ, SERGIO
Address: 13020 TELECOM PARKWAY N
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES:

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

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

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

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

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: JOYCE ANDERSON

MGRM

02/15/2007

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