2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L06000063073

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 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: SETH GASSER, MD MGR 01/21/2009

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