

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081000

Entity Name: HOP MEDICAL SERVICES PLLC

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

9339 SW 219TH STREET
MIAMI, FL 33190

New Principal Place of Business:

1760 NE 37TH PLACE
HOMESTEAD, FL 33033

Current Mailing Address:

9339 SW 219TH STREET
MIAMI, FL 33190

New Mailing Address:

1760 NE 37TH PLACE
HOMESTEAD, FL 33033

FEI Number: 20-5829896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, COURTNEY R DR.
9339 SW 219TH STREET
MIAMI, FL 33190 US

Name and Address of New Registered Agent:

MORGAN, COURTNEY R DR.
1760 NE 37TH PLACE
HOMESTEAD, FL 33033 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.

SIGNATURE: COURTNEY MORGAN

04/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORGAN, COURTNEY R DR.
Address: 9339 SW 219TH STREET
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORGAN, COURTNEY R DR.
Address: 1760 NE 37TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

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: COURTNEY MORGAN

MGR

04/14/2007

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