

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021344

FILED
Sep 09, 2008
Secretary of State

Entity Name: HILTON PROFESSIONAL HEALTH CARE, LLC

Current Principal Place of Business:

5181 CEDAR LAKE ROAD
SUITE 1-115
BOYNTON BEACH, FL 33437

New Principal Place of Business:

4047 MANOR FOREST TRAIL
BOYNTON BEACH, FL 33436

Current Mailing Address:

5181 CEDAR LAKE ROAD
SUITE 1-115
BOYNTON BEACH, FL 33437

New Mailing Address:

4047 MANOR FOREST TRAIL
BOYNTON BEACH, FL 33436

FEI Number: 20-8548435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HILTON, VANDA A
5181 CEDAR LAKE ROAD
SUITE 1-115
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

HILTON, VANDA A
4047 MANOR FOREST TRAIL
BOYNTON BEACH, FL 33436 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:

09/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILTON, VANDA A
Address: 5181 CEDAR LAKE ROAD, #1-115
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: HILTON, MICHAEL J
Address: 5181 CEDAR LAKE ROAD, #1-115
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HILTON, VANDA A
Address: 4047 MANOR FOREST TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM (X) Change () Addition
Name: HILTON, MICHAEL J
Address: 4047 MANOR FOREST TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM () Change (X) Addition
Name: BROOKS JR, BARRY T
Address: 4047 MANOR FOREST TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436

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: MICHAEL J HILTON

MGRM

09/09/2008

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