

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040387

Entity Name: HOME ANATOMY, L.L.C.

FILED
Feb 24, 2008
Secretary of State

Current Principal Place of Business:

294 FIELDS TERRACE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

294 FIELDS TERRACE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 37-1542365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS () Change (X) Addition
Name: OSIECKI, STACEY L
Address: 294 FIELDS TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: STACEY LYNN OSIECKI

MRS

02/24/2008

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