

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049202

FILED
Jan 15, 2009
Secretary of State

Entity Name: HY-ON TREATMENT SOLUTIONS, LLC

Current Principal Place of Business:

630 WEST STREET
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

630 WEST STREET
NAPLES, FL 34108

New Mailing Address:

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

Name and Address of Current Registered Agent:

ZVIBLEMAN, BARRY
630 WEST STREET
NAPLES, FL 34108 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: MGRM () Delete
Name: SILVIO, BETHANY A
Address: 630 WEST STREET
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: ZVIBLEMAN, DEBORAH
Address: 630 WEST STREET
City-St-Zip: NAPLES, FL 34108

Title: CEO () Delete
Name: ZVIBLEMAN, BARRY
Address: 630 WEST STREET
City-St-Zip: NAPLES, FL 34108

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:

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: BARRY ZVIBLEMAN

VP

01/15/2009

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