2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079840

Entity Name: HCN HEALTHCARE, LLC

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3106 TANGELWOOD DRIVE 5208 58TH TERRACE E SARASOTA, FL 34239 BRADENTON, FL 34203

Current Mailing Address: New Mailing Address:

3106 TANGELWOOD DRIVE 5208 58TH TERRACE E SARASOTA, FL 34239 BRADENTON, FL 34203

FEI Number: 26-0655829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SPIEGEL & UTRERA, P.A.
 OLIVIERI, DAVID

 1840 SW 22ND ST.
 5208 58TH TERRACE E

 4TH FLOOR
 BRADENTON, FL 32403 US

 MIAMI, FL 33145 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: DAVID OLIVIERI 04/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 SCHULTE, EVAN
 Name:
 OLIVIERI, DAVID

 Address:
 3106 TANGELWOOD DRIVE
 Address:
 5208 58TH TERRACE E.

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 BRADENTON, FL 34203

Title: ST () Delete Title: () Change () Addition

 Name:
 SCHULTE, EVAN
 Name:

 Address:
 3106 TANGELWOOD DRIVE
 Address:

 City-St-Zip:
 SARASOTA, FL 34239
 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: DAVID OLIVIERI MGR 04/02/2008