2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2008
Secretary of State

DOCUMENT# L07000082217

Entity Name: HOLIDAY ON-CALL MEDICAL CARE, LLC

Current Principal Place of Business:

9208 LARRETT DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

309 HICKORY CT
APOPKA, FL 32712

Current Mailing Address:

9208 LARRETT DRIVE
ORLANDO, FL 32817

New Mailing Address:

309 HICKORY CT
APOPKA, FL 32712

FEI Number: 26-0721139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, NICOLE
1807 GLENBAY COURT
WINDERMERE, FL 34786 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: MGR ( ) Delete
Name: WILSON, JAMES JR
Address: 1807 GLENBAY COURT
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete
Name: SMITH, CHAD
Address: 9208 LARRETT DRIVE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, JAMES B JR
Address: 1807 GLENBAY COURT
City-St-Zip: WINDERMERE, FL 34786

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: JAMES B WILSON JR. D.O. MGR 03/23/2008

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