

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112419

FILED
Apr 28, 2009
Secretary of State

Entity Name: HOSPITAL TRANSFORMERS, LLC

Current Principal Place of Business:

20 E. MELBOURNE AVENUE
STE.104
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

20 E. MELBOURNE AVENUE
STE.104
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 26-1365141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHANDRA, RAJIV
20 E. MELBOURNE AVENUE
STE. 104
MELBOURNE, FL FL 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: CHANDRA, RAJIV
Address: 20 E. MELBOURNE AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR () Delete
Name: TRUMED ED, INC.
Address: 20 E. MELBOURNE AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES:

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: RAJIV CHANDRA

MGRM

04/28/2009

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