

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112419

FILED  
Mar 27, 2012  
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 ( )

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

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

I hereby 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

MNGR

03/27/2012

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