2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096467

Name:

Address:

City-St-Zip:

SIRICA, ARYN N

ORLANDO, FL 32801

155 SOUTH COURT AVENUE #1812

Entity Name: HEALTHGUARD HOLDINGS, LLC.

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 130 LORELANE PLACE KEY LARGO, FL 33037 **Current Mailing Address: New Mailing Address:** 130 LORELANE PLACE KEY LARGO, FL 33037 FEI Number: 26-3656489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, JERERMY A. R ESQ 3801 HÓLLYWOOD BLVD., STE. 200 COHEN & OWENS, P.A HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SIRICA, ANDREW J Name: Name: Address: 130 LORELANE PLACE Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SIRICA, AMBER R Name: Address: 130 LORELANE PLACE Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SIRICA, ALLISON D Name: Name: Address: 512 SW 34TH STREET #12 Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW SIRICA MGRM 06/26/2009