2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2010
Secretary of State

DOCUMENT# L09000017747

Entity Name: SOUTHERN HEALTHCARE PRODUCTS LLC

Current Principal Place of Business:

106 SHADOW LANE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

106 SHADOW LANE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 26-4503752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HENDERSON, JOHN C
106 SHADOW LANE
LAKELAND, FL 33813 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
Name: HENDERSON, JOHN C
Address: 106 SHADOW LANE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM
Name: HENDERSON, GAYNELLE
Address: 106 SHADOW LANE
City-St-Zip: LAKELAND, FL 33813

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 Statues.

SIGNATURE: JOHN C HENDERSON MGR 05/14/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date