

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066074

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** HORMONE REPLACEMENT CENTERS OF FLORIDA LLC

**Current Principal Place of Business:**

901 GREEN HILLS RD  
KNOXVILLE, TN 37919

**New Principal Place of Business:**

7807 BAYMEADOWS RD E STE 303  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

901 GREEN HILLS RD  
KNOXVILLE, TN 37919

**New Mailing Address:**

7807 BAYMEADOWS RD E STE 303  
JACKSONVILLE, FL 32256

**FEI Number:** 27-0515738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOOKKEEPING AND ACCOUNTING OF FL INC  
4946 HERTON DR  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

OWEN, SHAWN M PRES  
7807 BAYMEADOWS RD E STE 303  
JACKSONVILLE, FL 32256 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: SHAWN OWEN

01/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: OWEN, SHAWN M  
Address: 7536 RED CRANE LN  
City-St-Zip: JACKSONVILLE, FL 32256

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: SHAWN OWEN

PRES

01/25/2010

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