

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071702

FILED
Apr 27, 2011
Secretary of State

Entity Name: HAMMOND HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

1749 SE 41 TERRACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1749 SE 41 TERRACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 45-1949043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, BOB L ESQ
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HOOD, TERRELL PA
514 SW 2 AVE
OCALA, FL 34471 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: DIANA HAMMOND

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HAMMOND, RAYMOND B
Address: 1749 SE 41 TERRACE
City-St-Zip: OCALA, FL 34471

Title: MGR
Name: HAMMOND, DIANA L
Address: 1749 SE 41 TERRACE
City-St-Zip: OCALA, FL 34471

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: DIANA HAMMOND

MGR

04/27/2011

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