

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071702

FILED
Apr 11, 2012
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:

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

04/11/2012

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