2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# L10000103951

Entity Name: HEALTHCARE RENTALS OF FLORIDA, LLC

Current Principal Place of Business:

4201 W. NEWNOLTE ROAD
ST. CLOUD, FL 34772

New Principal Place of Business:

4201 W. NEW NOLTE ROAD
ST. CLOUD, FL 34772

Current Mailing Address:

P O BOX 11037
MURFREESBORO, TN 37129

New Mailing Address:

FEI Number: 27-3609408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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: TWO GRANDS, LLC
Address: 4201 W. NEW NOLTE ROAD
City-St-Zip: ST. CLOUD, FL 34772

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: STEVE STRAWN MGR 02/15/2012

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