2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000824

Entity Name: HAMPTON A'DEL HEALTHCARE SOLUTIONS, LLC

FILED Jul 01, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

1818 ALAGUA LAKES BLVD LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

1818 ALAGUA LAKES BLVD LONGWOOD, FL 32779

FEI Number: 20-2633450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

HONERBRINK, DANIEL C 1818 ALAGUA LAKES BLVD LONGWOOD, FL 32779

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

WGR Title: WGR (X) Change () Addition () Delete

CRENSHAW, SAMUEL L CRENSHAW, SAMUEL L Name: Name: Address: 2987 SLOGHS WAY Address: 2987 SLOANS WAY City-St-Zip: MARIETTA, GA 30062 City-St-Zip: MARIETTA, GA 30062

Title: MGR () Delete Title: () Change () Addition

HONERBRINK, DANIEL C Name: Name: Address: 1818 ALAGUA LAKES BLVD Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DANIEL CHONERBRINK 07/01/2007