

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000905

**FILED**  
**Feb 18, 2008**  
**Secretary of State**

**Entity Name:** HEIGHTS HEALTHCARE COMPANY, L.L.C.

**Current Principal Place of Business:**

1240 MARBELLA PLAZA DR.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

1240 MARBELLA PLAZA DR.  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 59-3437967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAUGHAN, DAVID R  
1123 MARBELLA PLAZA DR.  
TAMPA, FL 33619 US

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

VAUGHAN, DAVID R  
1240 MARBELLA PLAZA DR.  
TAMPA, FL 33619 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: DAVID R. VAUGHAN

02/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VAUGHAN, DAVID R  
Address: 1123 MARBELLA PLAZA DR.  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VAUGHAN, DAVID R  
Address: 1240 MARBELLA PLAZA DR.  
City-St-Zip: TAMPA, FL 33619

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: DAVID R. VAUGHAN

MGR

02/18/2008

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