

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016942

**Entity Name:** HEALTH CARE PRODUCTS, LLC

**Current Principal Place of Business:**

751 CORNWALL ROAD  
SANFORD, FL 32773

**Current Mailing Address:**

751 CORNWALL ROAD  
SANFORD, FL 32773 US

**FEI Number: 11-3688252**

**Certificate of Status Desired: No**

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

LOWMAN, WILLIAM RJR, ESQ  
1000 LEGION PLACE  
STE#1700  
ORLANDO, FL 32802 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCCLANDON, JOEANN  
Address 751 CORNWALL ROAD  
City-State-Zip: SANFORD FL 32773

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOEANN MCCLANDON**

**MGR**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date