

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065647

Entity Name: HEALTHCARE WASTE SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

28161 NORTH KEITH DRIVE
LAKE FOREST, IL 60045

Current Mailing Address:

28161 NORTH KEITH DRIVE
LAKE FOREST, IL 60045 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name ALUTTO, CHARLES A.
Address 28161 NORTH KEITH DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name KOGLER, RICHARD T.
Address 28161 NORTH KEITH DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name TEN BRINK, FRANK J.M.
Address 28161 NORTH KEITH DRIVE
City-State-Zip: LAKE FOREST IL 60045

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: FRANK J.M. TEN BRINK

MANAGER

04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date