2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2014
Secretary of State
CC9738257289

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Entity Name: LEGACY LYMPHEDEMA CENTERS LLC

Current Principal Place of Business:

160 COLUMBIA DR
505
TAMPA, FL 33606

Current Mailing Address:

160 COLUMBIA DR
505
TAMPA, FL 33606

FEI Number: 46-1469193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOMENUK, LONNIE D
160 COLUMBIA DR
505
TAMPA, FL 33606 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	MGRM
Name	HOMENUK, LONNIE D
Address	160 COLUMBIA DR #505
City-State-Zip:	TAMPA FL 33606

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LONNIE HOMENUK MANAGER 04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date