2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052008

FILED Feb 07, 2005 Secretary of State

Date

() Change () Addition

Entity Name: HEALTHCARE RESOURCE MANAGEMENT, LLC

New Principal Place of Business: Current Principal Place of Business: 3529 GULFSTREAM WAY DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 3529 GULFSTREAM WAY DAVIE, FL 33328 FEI Number: 20-0617917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOREL, RUDOLPH NORIEG 9262 SÓUTHERN ORCHARD RD DAVIE, FL 33328 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.

Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS:

SIGNATURE:

ADDITIONS/CHANGES:
Title: ()

 Title:
 MGR () Delete
 Title:

 Name:
 NORIEGA, RUDY J
 Name:

 Address:
 3529 GULFSTREAM WAY
 Address:

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUDY J. NORIEGA MGR 02/07/2005