

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005139

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** HEALTHCARE CONSORTIUM, LLC

**Current Principal Place of Business:**

3191 CORAL WAY, SUITE 303  
MIAMI, FL 33145

**New Principal Place of Business:**

4960 SW 72ND AVENUE SUITE 406  
ATTN: JEFF LAWRENCE  
MIAMI, FL 33155

**Current Mailing Address:**

3191 CORAL WAY, SUITE 303  
MIAMI, FL 33145

**New Mailing Address:**

4960 SW 72ND AVENUE SUITE 406  
ATTN: JEFF LAWRENCE  
MIAMI, FL 33155

**FEI Number:** 20-5573243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MCCI HOLDINGS, LLC,  
**Address:** 4960 SW 72 AVE SUITE 406  
**City-St-Zip:** MIAMI, FL 33155

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** OTTO CAMPO

CFO

04/22/2008

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