

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90026 018 ****50.00

DOCUMENT # L00000012996 1. Entity Name BIBSY'S HEALTH CARE PLUS, LLC	
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Principal Place of Business 624 28TH STREET WEST PALM BEACH, FL 33407	Mailing Address 624 28TH STREET WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0995176	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, HYACINTH 3526 OBERON AVENUE BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, HYACINTH 3526 OBERON AVE. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, HILDA M 624 28TH ST. WEST PALM BEACH, FL 33407
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Hyacinth Davis & Hilda Davis 4/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #