2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L04000013066

Entity Name: HEALTHCARE BUSINESS CONSULTANTS, LLC

Current Principal Place of Business:

5399 N DIXIE HWY.
207
OAKLAND PARK, FL 33334

New Principal Place of Business:

15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446

Current Mailing Address:

5399 N DIXIE HWY.
207
OAKLAND PARK, FL 33334

New Mailing Address:

15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446

FEI Number: 20-0964493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUTIERREZ, CARLOS A
15522 FIORENZA CIR.
DELRAY BEACH, FL 33446 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: MGR ( ) Delete
Name: GUTIERREZ, CARLOS A
Address: 15522 FIORENZA CIR.
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Delete
Name: ORTIZ-GUTIERREZ, PATRICIA
Address: 15522 FIORENZA CIR.
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS A. GUTIERREZ MGR 05/02/2006

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