


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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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04052006 No Chg-LLC

CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0995176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, HYACINTH 3526 OBERON AVENUE BOYNTON BEACH, FL 33436
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**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 renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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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05/13/06-80064-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 HYACINTH DAVIS. 04/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #