


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90050 034 \*\*\*\*50.00

DOCUMENT # L00000012996			
1. Entity Name BIBSY'S HEALTH CARE PLUS, LLC			
Principal Place of Business 624 28TH STREET WEST PALM BEACH, FL 33407		Mailing Address 624 28TH STREET WEST PALM BEACH, FL 33407	
2. Principal Place of Business - No P.O. Box # <u>624 28 Street</u>		3. Mailing Address <u>712 21 Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>West Palm Bch FL</u>		City & State <u>West Palm Bch FL</u>	
Zip <u>33407</u>		Zip <u>33407</u>	
Country <u>USA</u>		Country <u>USA</u>	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 <u>Hyacinth Davis</u> (Owner) Manager <u>04/25/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DAVIS, HYACINTH 3526 OBERON AVE. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DAVIS, HILDA M 624 28TH ST. WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>SAME</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>712 21 Street</u> <u>West Palm Beach FL 33407</u>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>HYACINTH DAVIS</u>		<u>04/25/07</u> (561) 767-7878	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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04042007 Chg-LLC CR2E083 (12/06)

624. 28th St. W.P.B. H.33407

*Hyacinth Davis Manager*