2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# L00000005949

Entity Name: HEALTH CARE INNOVATIONS, LLC

Current Principal Place of Business:

5523 AVENUE DU SOLEIL
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5523 AVENUE DU SOLEIL
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-3648505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSH, BRIAN P
3411 WEST FLETCHER AVENUE
STE B
TAMPA, FL 33618 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/MEMBERS:

Title: MGR ( ) Delete
Name: FOOTE, STEPHANIE A
Address: 5523 AVE. DU SOLEIL
City-St-Zip: LUTZ, FL 33558

Title: MGR ( ) Delete
Name: STRAKA, DEBORAH
Address: 218 PRESTONWOOD LANE
City-St-Zip: MCMURRAY, PA 15317

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 Section 119.07(3)(i), 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: STEPHANIE A FOOTE MGR 04/18/2004

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