


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

|   |   |
|---|---|
| <b>DOCUMENT # L00000012996</b><br>1. Entity Name<br>BIBSY'S HEALTH CARE PLUS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>624 28TH STREET<br>WEST PALM BEACH, FL 33407 | Mailing Address<br>624 28TH STREET<br>WEST PALM BEACH, FL 33407 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-LLC CR2E083 (10/03)

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

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>DAVIS, HYACINTH<br>3526 OBERON AVENUE<br>BOYNTON BEACH, FL 33436 |
|---|

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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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DAVIS, HYACINTH<br>3526 OBERON AVE.<br>BOYNTON BEACH, FL 33436 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DAVIS, HILDA M<br>624 28TH ST.<br>WEST PALM BEACH, FL 33407    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 #