


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 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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04192005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0995176	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HYACINTH
3526 OBERON AVENUE
BOYNTON BEACH, FL 33436

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, HYACINTH 3526 OBERON AVE. BOYNTON BEACH, FL 33436
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, HILDA M 624 28TH ST. WEST PALM BEACH, FL 33407
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05/04/05-80008-024 50.00

**DO NOT WRITE
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)(f), 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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/20/05