FILED
May 21, 2007 8:00 am
Secretary of State
04-30-2007 90050 034 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012996

1. Entity Name
BIBSY'S HEALTH CARE PLUS, LLC

30008407

Principal Place of Business	Mailing Address
624 28TH STREET WEST PALM BEACH, FL 33407	624 28TH STREET WEST PALM BEACH, FL 33407

04042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
624 28 Street	712 21 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Bch Fl	City & State: West Palm Bch Fl
Zip: 33407 Country: USA	Zip: 33407 Country: USA

4. FEI Number: 65-0995176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, HYACINTH 3526 OBERON AVENUE BOYNTON BEACH, FL 33436	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Hyacinth Davis (Owner) Manager 04/25/07
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, 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, HILDA M 624 28TH ST. WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 712 21 Street West Palm Beach Fl 33407 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

624 28 St. WPB Fl 33407

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 04/25/07 (561) 767-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Hyacinth Davis Manager.