

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016947

FILED
Feb 21, 2005
Secretary of State

Entity Name: HEALTH SYSTEMS REIMBURSEMENT NETWORK, LLC

Current Principal Place of Business:

4300 N. UNIVERSITY DR., SUITE A-102
LAUDERHILL, FL 33351

New Principal Place of Business:

4300 N. UNIVERSITY DR., SUITE C-202
LAUDERHILL, FL 33351

Current Mailing Address:

4300 N. UNIVERSITY DR., SUITE A-102
LAUDERHILL, FL 33351

New Mailing Address:

4300 N. UNIVERSITY DR., SUITE C-202
LAUDERHILL, FL 33351

FEI Number: 65-1144151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARANTINI, THEO
4300 N. UNIVERSITY DR., SUITE A-102
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

TARANTINI, THEO
4300 N. UNIVERSITY DR., SUITE C-202
LAUDERHILL, FL 33351 US

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:

02/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TARANTINI, THEO
Address: 2194 COUNTRY GOLF DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: IDEMA, CATHY
Address: 2194 COUNTRY GOLF DRIVE
City-St-Zip: WELLINGTON, FL 33414

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: THEO TARANTINI

MGRM

02/21/2005

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