


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90016 043 ****50.00

DOCUMENT # L02000021072	
1. Entity Name HEALTH BUSINESS SOLUTIONS, LLC	

Principal Place of Business 1939 TYLER ST SUITE B HOLLYWOOD, FL 33020	Mailing Address 1939 TYLER ST SUITE B HOLLYWOOD, FL 33020
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60055951

2. Principal Place of Business - No P.O. Box # 1216 SE 1st Ave.	3. Mailing Address 1216 SE 1st Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33316	Zip 33316
Country Broward	Country Broward

07062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4505903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent BERRY, RAY 1939 TYLER ST SUITE B HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name Ray Berry Street Address (P.O. Box Number is Not Acceptable) 1216 SE 1st Ave. City Fort Lauderdale FL Zip Code 33316	

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 <u>Ray Berry</u> CEO DATE 7/6/07 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERRY, RAY P 1939 TYLER ST, SUITE B HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Ray Berry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	7/20/07 <small>Date</small>	954-658-5591 <small>Daytime Phone #</small>
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