2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L02000021072

Entity Name: HEALTH BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

1216 SE 1ST AVE
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328

Current Mailing Address:

1216 SE 1ST AVE
FORT LAUDERDALE, FL 33316

New Mailing Address:

10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328

FEI Number: 36-4505903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BERRY, RAY
1216 SE 1ST AVE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BERRY, RAY
10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328 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: RAY BERRY 05/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BERRY, RAY P
Address: 1939 TYLER ST, SUITE B
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BERRY, RAY P
Address: 10620 GRIFFIN ROAD
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAY BERRY MR. 05/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date