

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000021072

FILED
Sep 29, 2009
Secretary of State

Entity Name: HEALTH BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 36-4505903 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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
10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

FIRM COUNSEL CHARTERED
3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, 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: ADAM J REISS

09/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MGRM

09/29/2009

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