

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90040 004 ****50.00

DOCUMENT # L02000026448

1. Entity Name

HEALTH CONSULTANTS INTERNATIONAL, L.L.C.



Principal Place of Business

C/O 3315 MARTIN ROAD
CHATTANOOGA TN 37415

Mailing Address

C/O P.O. BOX 17208
CHATTANOOGA TN 37415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4506901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

20019909



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H II
C/O 1929 N.W. 12TH TERRACE
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ACKERMAN, PETER
STREET ADDRESS 3315 MARTIN ROAD
CITY-ST-ZIP CHTTANOOGA TN 33415

TITLE MGRM ☐ Delete
NAME O'NEIL, SAM
STREET ADDRESS 3315 MARTIN ROAD
CITY-ST-ZIP CHTTANOOGA TN 33415

TITLE MGRM ☒ Delete
NAME O'NEIL, JAN
STREET ADDRESS 3315 MARTIN ROAD
CITY-ST-ZIP CHTTANOOGA TN 33415

TITLE MGRM ☐ Delete
NAME DREADEN, TIM
STREET ADDRESS PO BOX 17208
CITY-ST-ZIP CHATTANOOGA TN 37415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Jim S. Zule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #