

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026448

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: HEALTH CONSULTANTS INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

C/O 3315 MARTIN ROAD  
CHATTANOOGA, TN 37415

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 36-4506901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ACKERMAN, PETER  
Address: 3315 MARTIN ROAD  
City-St-Zip: CHTTANOOGA, TN 33415

Title: MGRM ( ) Delete  
Name: O'NEIL, SAM  
Address: 3315 MARTIN ROAD  
City-St-Zip: CHTTANOOGA, TN 33415

Title: MGRM ( ) Delete  
Name: DREADEN, TIM  
Address: PO BOX 17208  
City-St-Zip: CHATTANOOGA, TN 37415

Title: MGRM ( ) Delete  
Name: MARTENEZ, RICHARD  
Address: 3315 MARTIN ROAD  
City-St-Zip: CHATTANOOGA, TN 37415

Title: MGRM ( ) Delete  
Name: HCI, IAC  
Address: 2550 COMAHRIA RIC DR., #10  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES:**

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

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

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

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

Title: MGRM (X) Change ( ) Addition  
Name: HCI, IAC  
Address: 2950 COMMERCE PARK DR., #10  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the 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: TIM DREADEN

MM

01/17/2007

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