

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026448

FILED
Jan 16, 2008
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: CHATTANOOGA, TN 37415

Title: MGRM () Delete
Name: O'NEIL, SAM
Address: 3315 MARTIN ROAD
City-St-Zip: CHATTANOOGA, TN 37415

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: 2950 COMMERCE PARK 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: () 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: PETER ACKERMAN

M/M

01/16/2008

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