## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033007

Address:

847 DOVER ST

City-St-Zip: BOCA RATON, FL 33487

Entity Name: HEALTHCARE ADVANTAGE, LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 200	8TH AVENUE ) ION, FL 33324	ı		
Current Mailing Address:			New Mailing Address:	
SUITE 200	8TH AVENUE ) ION, FL 33324	ı		
FEI Number	: 41-2072001	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	ND FLOOR, 28	GENT CORPORATION 3TH FLOOR		
	e named entity : e of Florida.	submits this statement for the p	purpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	DISGDIERTT, I 8851 NW 16TH		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR ( ) LUIS, RENE 4401 UNIVERS CORAL GABLE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR (X BONDS, CARO 5630 GRANT S HOLLYWOOD,	TREET #1	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () HERRERA, CAI	Delete RLOS	Title: Name:	( ) Change ( ) Addition

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

Address:

City-St-Zip:

SIGNATURE: CARLOS HERRERA MGR 04/29/2005