

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013127

FILED
Nov 10, 2004
Secretary of State

Entity Name: HEALTHCARE CONSULTING SOLUTIONS, LLC

Current Principal Place of Business:

3293 DORAL DRIVE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3293 DORAL DRIVE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-0004993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EYER, JAMES W JR.
3293 DORAL DRIVE
TAMPA, FL 33634 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: EYER, JAMES W JR
Address: 3923 DORAL DRIVE
City-St-Zip: TAMPA, FL 33634

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.

SIGNATURE: JAMES W. EYER, JR.

MGR

11/10/2004

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