

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90503 002 \*\*\*150.00

**DOCUMENT # L03000040484**

1. Entity Name

HEALTHCARE SOLUTION CONSULTANTS, LLC



Principal Place of Business

1343 MAIN STREET  
SUITE 300  
SARASOTA FL 34236

Mailing Address

1343 MAIN STREET  
SUITE 300  
SARASOTA FL 34236  
US

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

52-2406558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, BARTON T  
1343 MAIN STREET  
SUITE 300  
SARASOTA FL 34236

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, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
PRISM HEALTH SERVICE COMPANIES, LLC  
1343 MAIN STREET, SUITE 300  
SARASOTA FL 34236

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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:

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

Date

Daytime Phone #

Barton T. Walker 3-30-04 360-0669

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