

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043319

FILED
Apr 21, 2004
Secretary of State

Entity Name: HEALTH CARE SOLUTIONS, LLC

Current Principal Place of Business:

3802 EHRLICH ROAD
SUITE 307
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

3802 EHRLICH ROAD
SUITE 307
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 73-1688674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILLMER, EDWARD J JR
3802 EHRLICH ROAD
SUITE 307
TAMPA, FL 33624 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: MGR () Delete
Name: KILLMER, EDWARD J JR.
Address: 3802 EHRLICH ROAD
City-St-Zip: TAMPA, FL 33624 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KILLMER, EDWARD J JR.
Address: 3802 EHRLICH ROAD
City-St-Zip: TAMPA, FL 33624 FL

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: EDWARD J KILLMER, JR MGRM 04/21/2004

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