

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043319

**FILED  
Apr 18, 2011  
Secretary of State**

**Entity Name:** HEALTH CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

1323 W FLETCHER AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1323 W FLETCHER AVE  
TAMPA, FL 33612 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  
1323 W FLETCHER AVE  
TAMPA, FL 33612 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  
**Name:** KILLMER, EDWARD J JR.  
**Address:** 1323 W FLETCHER AVE  
**City-St-Zip:** TAMPA, FL 33612 US

I hereby 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      MGRM      04/18/2011

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