

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000044653

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** HEALTH CARE SERVICES L.C.

**Current Principal Place of Business:**

1050 S.E. MONTEREY ROAD, SUITE #101  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1050 S.E. MONTEREY ROAD, SUITE #101  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 56-2412410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILDNER, ROY  
423 DELAWARE AVENUE  
FORT PIERCE, FL 34950      US

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: MGR      ( ) Delete  
Name: ELLIOTT, NICHOLAS  
Address: 1050 S.E. MONTEREY ROAD, SUITE #101  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICHOLAS ELLIOTT

MGR

06/30/2005

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