


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90216 023 ****50.00

DOCUMENT # L03000044653	
1. Entity Name HEALTH CARE SERVICES L.C.	

Principal Place of Business 1050 S.E. MONTEREY ROAD, SUITE #202 STUART FL 34994	Mailing Address 1050 S.E. MONTEREY ROAD, SUITE #202 STUART FL 34994
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2. Principal Place of Business - No P.O. Box # 931 SE Ocean BLVD Suite, Apt. #, etc. Suite A City & State Stuart FL Zip 34994 Country USA	3. Mailing Address PO Box 746 Suite, Apt. #, etc. City & State STUART FL Zip 34995 Country USA
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1st MOORE CR2E083 (10/06)

4. FEI Number 56-2412410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILDNER, ROY 423 DELAWARE AVENUE FORT PIERCE FL 34950	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

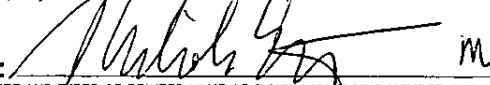
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOTT, NICHOLAS 1050 S.E. MONTEREY ROAD, SUITE #202 STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOTT, NICHOLAS 931 SE Ocean BLVD STUART FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  mgr. **2/26/07** **7725305000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #