

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000044653

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

931 SE OCEAN BLVD.  
SUITE A  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 746  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 56-2412410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILDNER, ROY  
423 DELAWARE AVENUE  
FORT PIERCE, FL 34950 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: MGR ( ) Delete  
Name: ELLIOTT, NICHOLAS  
Address: 931 SW OCEAN BLVD.  
City-St-Zip: STUART, FL 34994

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FIX, LARA  
Address: 931 SE OCEAN BLVD #A  
City-St-Zip: STUART, FL 34994

Title: MGR ( ) Change (X) Addition  
Name: ELLIOTT, NICK  
Address: 931 SE OCEAN BLVD #A  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NICK ELLIOTT

MGR

03/19/2008

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