

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051307

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** HEALTHCARE RESOURCE COMPANY, LLC

**Current Principal Place of Business:**

3529 GULFSTREAM WAY  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3529 GULFSTREAM WAY  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 20-0617844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOREL, RUDOLPH NORIEG  
9262 SOUTHERN ORCHARD RD.  
DAVIE  
DAVIE, FL 33328 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:** NORIEGA, RUDY J  
**Address:** 3529 GULFSTREAM WAY  
**City-St-Zip:** DAVIE, FL 33328

**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 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:** RUDY J. NORIEGA

MGR

03/05/2009

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