


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90568 018 ****50.00

DOCUMENT # L03000052008 1. Entity Name HEALTHCARE RESOURCE MANAGEMENT, LLC					
Principal Place of Business 3529 GULFSTREAM WAY DAVIE, FL 33328			Mailing Address 3529 GULFSTREAM WAY DAVIE, FL 33328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent MOREL, RUDOLPH NORIEG 3529 GULFSTREAM WAY DAVIE, FL 33328				7. Name and Address of New Registered Agent Name MOREL, RUDOLPH NORIEGA Street Address (P.O. Box Number is Not Acceptable) 9262 Southern ORCHARD Rd. City DAVIE FL Zip Code 33328	
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 <u><i>Rudolph Noriega Morel</i></u> MOREL, VICE PRESIDENT DATE 5/10/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUDY J. NORIEGA, MGR. <input type="checkbox"/> Delete 3529 GULFSTREAM WAY DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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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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	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Rudolph Noriega Morel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 5/7/04 954-423-4031 <small>Daytime Phone #</small>		