

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052008

FILED
Feb 07, 2005
Secretary of State

Entity Name: HEALTHCARE RESOURCE MANAGEMENT, 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: 20-0617917 **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, 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/MEMBERS:

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 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: RUDY J. NORIEGA

MGR

02/07/2005

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