

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013066

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** HEALTHCARE BUSINESS CONSULTANTS, LLC

**Current Principal Place of Business:**

15522 FIORENZA CIRCLE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

15522 FIORENZA CIRCLE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 20-0964493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, CARLOS A  
15522 FIORENZA CIR.  
DELRAY BEACH, FL 33446 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: GUTIERREZ, CARLOS A  
Address: 15522 FIORENZA CIR.  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Delete  
Name: ORTIZ-GUTIERREZ, PATRICIA  
Address: 15522 FIORENZA CIR.  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** CARLOS A. GUTIERREZ

MGR

04/30/2007

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