

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032340

1. Entity Name
HEALTH SOFTWARE CONSULTANTS, LLC



Principal Place of Business
1307 SWEETWATER CLUB BOULEVARD
LONGWOOD, FL 32779

Mailing Address
1307 SWEETWATER CLUB BOULEVARD
LONGWOOD, FL 32779

FILED
May 04, 2007 08:00 A
Secretary of State



05012007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

58-1728641

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGUE, L. JOAN
1307 SWEETWATER CLUB BOULEVARD
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000761202
05/25/07-80046-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HEALTH SYSTEMS CONCEPTS, INC
1307 SWEETWATER CLUB BOULEVARD
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

L. Joan Logue, Pres. 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #