

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032340

**FILED  
Jan 25, 2010  
Secretary of State**

**Entity Name:** HEALTH SOFTWARE CONSULTANTS, LLC

**Current Principal Place of Business:**

1307 SWEETWATER CLUB BOULEVARD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1307 SWEETWATER CLUB BOULEVARD  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 58-1728641      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

ANDERSON, KATHLEEN  
1307 SWEETWATER CLUB BOULEVARD  
LONGWOOD, FL 32779 US

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: KATHLEEN ANDERSON

01/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ANDERSON, KATHLEEN  
Address: 1307 SWEETWATER CLUB BOULEVARD  
City-St-Zip: LONGWOOD, FL 32779

Title: V  
Name: VAUGHAN, WILLIAM P  
Address: 3911 WEST WYOMING AVENUE  
City-St-Zip: TAMPA, FL 33616

Title: D  
Name: PRIEST, JOHN W  
Address: 5008 STRAWBRIDGE TERRACE APT 202  
City-St-Zip: SANFORD, FL 32771

I hereby 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: KATHLEEN ANDERSON

P

01/25/2010

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