

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040904

FILED
Jan 15, 2007
Secretary of State

Entity Name: HEALTHCARE DEVELOPMENT SPECIALIST, LLC

Current Principal Place of Business:

516 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

516 ROYAL GREENS DRIVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 20-1099987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYCE, JERRY L
204 N. MACDILL AVENUE
TAMPA, FL 33609 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: MGRM () Delete
Name: BURKE, SANDRA M
Address: 516 ROYAL GREENS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM () Delete
Name: MCRAE, BRIAN C
Address: 11817 SKYLAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM () Delete
Name: BANE, STEPHANIE M
Address: 11817 SKYLAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: BANE, STEPHANIE M
Address: 11854 SKYLAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA M. BURKE

MGRM

01/15/2007

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