

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040904

FILED
Jan 11, 2009
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:

516 ROYAL GREENS DR.
TEMPLE TERRACE, FL 33617

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:

JOYCE, JERRY L
516 ROYAL GREENS DR.
TEMPLE TERRACE, FL 33617 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:

01/11/2009

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: 7915 TERRACE RIDGE DR.
City-St-Zip: TEMPLE TERRACE, FL 33637

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURKE, SANDRA M
Address: 516 ROYAL GREENS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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

Title: MGRM (X) Change () Addition
Name: BANE, STEPHANIE M
Address: 7915 TERRACE RIDGE DR.
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: SANDRA M. BURKE

PRES

01/11/2009

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