2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L04000043169

Entity Name: HEALTHCARE MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

6137 LONG CHAMP DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

1525 QUAIL WOOD COURT
ORANGE PARK, FL 32003

Current Mailing Address:

6137 LONG CHAMP DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

1525 QUAIL WOOD COURT
ORANGE PARK, FL 32003

FEI Number: 20-1217049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, NELLY G
6137 LONG CHAMP DRIVE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

GONZALEZ, NELLY G
1525 QUAIL WOOD COURT
ORANGE PARK, FL 32003 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: 04/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, NELLY G
Address: 6137 LONG CHAMP DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GONZALEZ, NELLY G
Address: 1525 QUAIL WOOD COURT
City-St-Zip: ORANGE PARK, FL 32003

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: NELLY G. GONZALEZ MS. 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date