L09000043169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06/08/09--01015--013 **25.00

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09 JUN -8 PM 12:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** HealthCare Management Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nelly G. Gonzalez
Name of Person

HealthCare Management Solutions, LLC
Firm/Company

1525 Quail Wood Court
Address

Fleming Island, FL 32003
City/State and Zip Code

giannigonzalez@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelly G. Gonzalez at ( 904 ) 465-2863
Name of Person — Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: HealthCare Management Solutions, LLC

2. (a) Principal office address of limited liability company: 1525 Quail Wood Court

☐ (***Note: MUST BE STREET ADDRESS***) Fleming Island, FL 32003

(b) Mailing address of limited liability company: 1525 Quail Wood Court

☐ ***(Note: MAY BE POST OFFICE BOX)*** Fleming Island, FL 32003

06/09/2004 — 3. Date of filing/registration in Florida

L04000043169 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Nelly G. Gonzalez

Registered Office Address: 6137 Longchamp Drive
Jacksonville, FL 32244

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DIVISION OF CORPORATIONS

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address: 1525 Quail Wood Court
***(MUST BE FLORIDA STREET ADDRESS)***
Fleming Island ,FL 32003

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nelly G. Gonzalez
Signature of a member or authorized representative of a member

Nelly G. Gonzalez
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**
**FILING FEE: $25.00**

INHS18 (05/08)