

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064739

FILED
Apr 25, 2005
Secretary of State

Entity Name: HEALTHCARE COMPREHENSIVE SOLUTIONS, LLC

Current Principal Place of Business:

7955 NW 12 ST. SUITE 405
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7955 NW 12 ST. SUITE 405
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-1647062 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER 3
4221 W. BOY SCOUT BLVD., 10TH FL
TAMPA, FL 33607 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CRESCIMANO, LESLIE DR
Address: 7955 NORTHWEST 12 STREET STE 405
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE CRESCIMANO

MGRM

04/25/2005

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