


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90048 017 ****50.00

DOCUMENT # L05000001541			
1. Entity Name HEALTH CONCEPTS AND SOLUTIONS, LLC			
Principal Place of Business 212 KINGS LYNN ROAD DELRAY BEACH FL 33344		Mailing Address 212 KINGS LYNN ROAD DELRAY BEACH FL 33344	
2. Principal Place of Business, No P.O. Box # 1388 VIA DE PEPI		3. Mailing Address 177 E. ATLANTIC AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE C2-290	
City & State BOYNTON Bch. FLA.		City & State DELRAY Bch. FLA.	
Zip 33426		Zip 33483	
Country USA		Country USA	



2nd MOORE CR2E083 (4/07)

4. FEI Number 20-2095886		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PILJEK, SASA 212 KINGS LYNN ROAD DELRAY BEACH FL 33344		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By September 5, 2007	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILJEK, SASA 212 KINGS LYNN ROAD DELRAY BEACH FL 33344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SASA PILJEK **Aug. 16, 07** **561 734 2147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #