## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030887

Entity Name: HEALTH SCREENING SOLUTIONS, LLC

429 EAST SHERIDAN STREET

DANIA BEACH, FL 33004

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	SHERIDAN ST ACH, FL 33004			
Current Mailing Address:			New Mailing Address:	
	SHERIDAN ST ACH, FL 33004			
FEI Number	: 20-2589711	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	GAYLE SHERIDAN ST ACH, FL 33004			
	e named entity s e of Florida.	ubmits this statement for the p	purpose of changing its registere	d office or registered agent, or both
SIGNATU	RE:			
	Electroni	c Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () FALTER, GAYLE 429 EAST SHEF DANIA BEACH, I	RIDAN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () FALTER, CASSA	Delete NDRA	Title: Name:	( ) Change ( ) Addition

Address:

City-St-Zip:

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: GAYLE FALTER MGRM 04/27/2009