

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052923

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** HEALTHCARE MANAGEMENT SYSTEMS, LLC

**Current Principal Place of Business:**

2500 S.W. 75TH AVENUE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

2500 S.W. 75TH AVENUE  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 56-2517978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRBY, JOHN M  
2500 S.W. 75TH AVENUE  
MIAMI, FL 33155 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: SYLVIA URLICH FOX RE, VOCABLE TRUST  
Address: 2500 S.W. 75TH AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: SYLVIA URLICH FOX RE, VOCABLE TRUST  
Address: 2500 S.W. 75TH AVENUE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: JOHN M. KIRBY

RA

04/07/2009

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