2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L05000085757

Entity Name: HEALTHCARE'S FINANCIAL SOLUTION GROUP LLC

Current Principal Place of Business:

1267 WINDING ROSE WAY, SUITE 200
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1267 WINDING ROSE WAY, SUITE 200
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 13-4306078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:	FRY, APRIL	
Address:	1267 WINDING ROSE WAY, SUITE 200	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	MGR	( ) Delete
Name:	PARETTY, JESSE	
Address:	1267 WINDING ROSE WAY, SUITE 200	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	S	( ) Delete
Name:	FRY, APRIL	
Address:	1267 WINDING ROSE WAY, SUITE 200	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	T	( ) Delete
Name:	PARETTY, JESSE	
Address:	1267 WINDING ROSE WAY, SUITE 200	
City-St-Zip:	WEST PALM BEACH, FL 33415	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: APRIL FRY MGR 05/02/2006

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