

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088825

Entity Name: HEALTHCARE DIRECT, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

600 S FEDERAL HWY
204
DEERFIELD BEACH, FL 33441 US

Current Mailing Address:

600 S FEDERAL HWY
204
DEERFIELD, FL 33441 US

New Principal Place of Business:

440 E SAMPLE RD
103
POMPANO BEACH, FL 33064 US

New Mailing Address:

440 E SAMPLE RD
103
POMPANO BEACH, FL 33064 US

FEI Number: 20-3436807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: MILLER, ERROHL S
Address: 600 S FEDARAL HWY #204
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGR () Delete
Name: BUCKSTEIN, MICHAEL
Address: 600 S FEDERAL HWY # 204
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, ERROHL S
Address: 440 E SAMPLE RD #103
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGR (X) Change () Addition
Name: BUCKSTEIN, MICHAEL
Address: 440 E SAMPLE RD #103
City-St-Zip: POMPANO BEACH, FL 33064

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: ERROHL MILLER

PRES

01/15/2009

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