

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001141

FILED
Jan 19, 2007
Secretary of State

Entity Name: HEALTH SOLUTIONS CENTER, LC

Current Principal Place of Business:

709 SW 75TH STREET
UNIT 106
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

709 SW 75TH STREET
UNIT 106
GAINESVILLE, FL 32607

New Mailing Address:

20517 NE 114 AVE
WALDO, FL 32694

FEI Number: 34-2059440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECKEL, AM
709 SW 75TH STREET
UNIT 106
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

LECKEL, A. M
20517 NE 114 AVE
WALDO, FL 32694 US

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: A. M. LECKEL

01/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECKEL, AM
Address: 709 SW 75TH STREET, UNIT 106
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LECKEL, A M
Address: 20517 NE 114 AVE
City-St-Zip: WALDO, FL 32694 US

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: A.M. LECKEL

MGR

01/19/2007

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