

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001141

FILED
Apr 30, 2008
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:

20517 NE 114 AVE
WALDO, FL 32694

Current Mailing Address:

20517 NE 114 AVE
WALDO, FL 32694

New Mailing Address:

FEI Number: 34-2059440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECKEL, A. M
20517 NE 114 AVE
WALDO, FL 32694 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: LECKEL, A M
Address: 20517 NE 114 AVE
City-St-Zip: WALDO, FL 32694 US

ADDITIONS/CHANGES:

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: ANNA LECKEL

MGR

04/30/2008

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