

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001141

FILED
May 03, 2009
Secretary of State

Entity Name: HEALTH SOLUTIONS CENTER, LC

Current Principal Place of Business:

20517 NE 114 AVE
WALDO, FL 32694

New Principal Place of Business:

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 ()
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:

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: MGRM (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 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

MGRM

05/03/2009

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