2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000024712

Entity Name: SEAMAN'S HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

1400 NW 9TH AVENUE
#36
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

1400 NW 9TH AVENUE
#36
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 03-0587587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAZ, ROBERTO
1400 NW 9TH AVENUE
#36
BOCA RATON, FL 33486 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: PAZ, ROBERTO
Address: 1400 NW 9TH AVENUE #36
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGR ( ) Delete
Name: PAZ, MONICA
Address: 1400 NW 9TH AVENUE #36
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

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 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: ROBERTO PAZ MGR 04/24/2009

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