2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

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Entity Name: HEALTHCARE CAPITAL SERVICES LLC

Current Principal Place of Business:

135 WEST CENTRAL BOULEVARD
C/O K ARTIN, SUITE 700
ORLANDO, FL 32801 US

New Principal Place of Business:

725 PRIMERA BLVD
C/O B FILASKI, SUITE 205
LAKE MARY, FL 32746 US

Current Mailing Address:

135 WEST CENTRAL BOULEVARD
SUITE 700
ORLANDO, FL 32801 US

New Mailing Address:

725 PRIMERA BLVD
SUITE 205
LAKE MARY, FL 32746 US

FEI Number: 20-4785364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTIN, KENNETH R
135 WEST CENTRAL BOULEVARD
SUITE 700
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO ( ) Change (X) Addition
Name: FILASKI, ROBERT A
Address: 1709 IVERNESS COURT
City-St-Zip: LONGWOOD, FL 32779 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: ROBERT A. FILASKI CEO 04/09/2007

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