

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044631

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** HEALTHCARE CAPITAL SERVICES LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

725 PRIMERA BLVD  
C/O JIM TEEL, SUITE 205  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

725 PRIMERA BLVD  
SUITE 205  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**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: P ( ) Delete  
Name: PEASE, PHILIP S  
Address: 725 PRIMERA BLVD, STE 205  
City-St-Zip: LAKE MARY, FL 32746 US

**ADDITIONS/CHANGES:**

Title: DIR (X) Change ( ) Addition  
Name: TEEL, JIM  
Address: 725 PRIMERA BLVD, STE 205  
City-St-Zip: LAKE MARY, FL 32746 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: JIM TEEL

DIR

04/15/2009

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