


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90135 027 ****50.00

DOCUMENT # L06000060893	
1. Entity Name HEALTHCARE GROWTH CONCEPTS, LLC	

Principal Place of Business 4942 LEJEUNE ROAD, SUITE 222 CORAL GABLES, FL 33146	Mailing Address 4942 LEJEUNE ROAD 222 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5042040	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COHAN, SANDRA J 4942 LEJEUNE ROAD, 222 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHAN, SANDRA J 4942 LEJEUNE ROAD, # 222 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Sandra L. Cohan</i>	3/6/07	305-496-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #