## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000066239

City-St-Zip: WINTER PARK, FL 32789

Entity Name: HEALTHCARE BUSINESS MANAGEMENT, LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1752 HOW	ELL BRANCH ARK, FL 327	IRD	New Fillicipal Flac	e of Busiliess.	
Current Mailing Address:			New Mailing Address:		
	'ELL BRANCH 'ARK, FL 327				
FEI Number:	20-5109500	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
WINTER P	'ELL BRANCH 'ARK, FL 327	39 US	ourpose of changing its register	ed office or registered agent, or both	
	of Florida.	•		<b>3</b> ,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM ( ) DAVIS, RICHAF 1752 HOWELL WINTER PARK	BRANCH RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) OSBORN, JAC 1752 HOWELL WINTER PARK	BRANCH RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM ( ) BROSIUS, JAM		Title: Name:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: RICHARD C DAVIS MGRM 04/30/2008