

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073879

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALTHSTAR MEDICAL SERVICES, PLLC

Current Principal Place of Business:

10331 AUTUMN BREEZ DRIVE, UNIT 202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

10331 AUTUMN BREEZE DRIVE
202
BONITA SPRINGS, FL 34135

Current Mailing Address:

10331 AUTUMN BREEZ DRIVE, UNIT 202
BONITA SPRINGS, FL 34135

New Mailing Address:

10331 AUTUMN BREEZE DRIVE
202
BONITA SPRINGS, FL 34135

FEI Number: 20-3628143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASSIE, CHARLES ABELS
12065 METRO PARKWAY, SUITE 101
FORT MYERS, FL 33912 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: MGRM () Change (X) Addition
Name: RASHID, BONNIE
Address: 10331 AUTUMN BREEZE DRIVE # 202
City-St-Zip: BONITA SPRINGS, FL 34135

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: BONNIE RASHID

MRGM

04/30/2007

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