2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000073879

Entity Name: HEALTHSTAR MEDICAL SERVICES, PLLC

Current Principal Place of Business:

10331 AUTUMN BREEZE DRIVE
202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10331 AUTUMN BREEZE DRIVE
202
BONITA SPRINGS, FL 34135

New Mailing Address:

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:

RASHID, AZAM
10331 AUTUMN BREEZE DRIVE
202
BONITA SPRINGS, FL 34135 US

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: AZAM RASHID 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RASHID, BONNIE
Address: 10331 AUTUMN BREEZE DRIVE # 202
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: RASHID, AZAM
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: AZAM RASHID MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date