

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113838

FILED
Aug 31, 2008
Secretary of State

Entity Name: HOUSTON HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

17887 CANDENA DR.
BOCA RATON, FL 33481

New Principal Place of Business:

Current Mailing Address:

PO BOX 810125
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 87-0788573 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOUSTON, SHERARD T MD
11150 HERON BAY BLVD
#523
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

HOUSTON, SHERARD T MD
17887 CADENA DRIVE
BOCA RATON, FL 33481 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: SHERARD HOUSTON

08/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOUSTON, SHERARD T MD
Address: 11150 HERON BAY BLVD #523
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOUSTON, SHERARD T MD
Address: 17887 CADENA DRIVE
City-St-Zip: BOCA RATON, FL 33481 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: SHERARD HOUSTON

MGR

08/31/2008

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