

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113838

**FILED**  
**Mar 30, 2010**  
**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:**

1368 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322

**Current Mailing Address:**

PO BOX 810125  
BOCA RATON, FL 33481

**New Mailing Address:**

1368 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322

**FEI Number:** 87-0788573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HOUSTON, SHERARD T MD  
1368 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322 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

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOUSTON, SHERARD T MD  
Address: 1368 N. UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

I hereby 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

03/30/2010

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