2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L07000035429

Entity Name: HEALTHCARE PROFESSIONAL SOLUTIONS, LLC

Current Principal Place of Business:

5601 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

New Principal Place of Business:

6261 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

Current Mailing Address:

5601 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

New Mailing Address:

6261 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

FEI Number: 26-0500527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBA, RUSSELL T ESQUIRE
101 SOUTH FRANKLIN STREET
SUITE 202
TAMPA, FL 33602 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: MGRM ( ) Delete
Name: WILSON, ALLAN
Address: 5601 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILSON, ALLAN
Address: 6261 CYPRESS HOLLOW WAY
City-St-Zip: NAPLES, FL 34109 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: ALLAN WILSON MGRM 04/14/2008

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