2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

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Entity Name: HEALTH SENTINEL SERVICES, LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE, SUITE 275
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE, SUITE 275
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 06-1822196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

PREISS, MICHELLE A
12800 UNIVERSITY DRIVE
SUITE 275
FORT MYERS, FL 33907 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: MICHELLE A PREISS 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: RUSSELL, BRUCE C
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: EVP ( ) Change (X) Addition
Name: MORRIS, GREGORY M EVP
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: CFO ( ) Change (X) Addition
Name: DOUGLAS, CAROL A CFO
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP ( ) Change (X) Addition
Name: PREISS, MICHELLE A VP
Address: 12800 UNIVERSITY DRIVE SUITE 275
City-St-Zip: FORT MYERS, FL 33907 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: MICHELLE A PREISS VP 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date