

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080301

FILED
May 01, 2008
Secretary of State

Entity Name: HEALTHCARE OFFICE SERVICES, LLC

Current Principal Place of Business:

9965 SW 31 TERRACE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9965 SW 31 TERRACE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 33-1186029 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:

Name and Address of New Registered Agent:

ZERON, VIRGINIA
9965 SW 31 TERRACE
MIAMI, FL 33165 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZERON, VIRGINIA
Address: 9965 SW 31 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: MGR () Delete
Name: LABARTA, LYNN
Address: 8501 EAST DIXIE HWY
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

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

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

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: VIRGINIA ZERON

MGR

05/01/2008

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