# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# L08000024002

**Entity Name:** HEALTHCARE BUSINESS SOLUTIONS OF AMERICA, LLC

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY NW
225
BOCA RATON, FL 33487

**New Principal Place of Business:**

5365 WEST ATLANTIC AVENUE
504
DELRAY BEACH, FL 33484

**Current Mailing Address:**

951 BROKEN SOUND PKWY NW
225
BOCA RATON, FL 33487

**New Mailing Address:**

5365 WEST ATLANTIC AVENUE
504
DELRAY BEACH, FL 33484

**FEI Number: 26-2114032** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ZIPPER, JEFFREY A
234 ALEXANDER PALM RD.
BOCA RATON, FL 33432 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: ZIPPER, JEFFREY A
Address: 234 ALEXANDER PALM RD.
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete
Name: JUNGREIS, ALEXANDER
Address: 1360 ALABAMA DR.
City-St-Zip: WINTER PARK, FL 32789

**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: JEFFREY A ZIPPER MGRM 04/01/2009

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