2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L08000050401

Entity Name: HEALTHCARE MEDIA SOLUTIONS, LLC

Current Principal Place of Business:

6608 ILEX CIRCLE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

13785 WALSINGHAM ROAD
#129
LARGO, FL 33774 US

New Mailing Address:

6608 ILEX CIRCLE
NAPLES, FL 34109 US

FEI Number: 26-2617654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLMAN, WILLIAM K JR
6608 ILEX CIRCLE
NAPLES, FL 34109 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:	GALLMAN, WILLIAM K JR.	
Address:	6608 ILEX CIRCLE	
City-St-Zip:	NAPLES, FL 34109 US	
Title:	MGRM	( ) Delete
Name:	MORTON, GARY W	
Address:	19941 GULF BLVD UNIT E	
City-St-Zip:	INDIAN SHORES, FL 33785 US	

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: WILLIAM K GALLMAN JR MGRM 03/26/2009

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