

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052862

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE BUILDER LLC.

**Current Principal Place of Business:**

15375 SKYKING DRIVE  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

15375 SKYKING DRIVE  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 26-2823576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGREGOR, ANA  
15375 SKYKING DRIVE  
PORT ST. LUCIE, FL 34987 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: MGR  
Name: MCGREGOR, ANA  
Address: 15375 SKYKING DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34987

I hereby 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: ANA MCGREGOR

MGR

02/23/2011

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