2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# L08000067292

Entity Name: HEALTHCARE SOFTWARE SOLUTIONS, LLC

Current Principal Place of Business:

660 LINTON
207A
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

660 LINTON
207A
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 26-2970436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, MARK A
50 SE 4TH AVENUE
DELRAY BEACH, FL 33483 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: KUTT, EDWARD
Address: 660 LINTON
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR ( ) Delete
Name: KUTT, SABINA
Address: 660 LINTON
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: KUTT, SABINE
Address: 660 LINTON
City-St-Zip: DELRAY BEACH, FL 33444

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: EDWARD KUTT MGRM 08/13/2009

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