

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068813

**FILED**  
**Jan 28, 2009**  
**Secretary of State**

**Entity Name:** HDEY HEALTH CARE SERVICES LLC

**Current Principal Place of Business:**

9175 SW 77 AVENUE  
#203  
MIAMI, FL 33156

**New Principal Place of Business:**

7721 NW 7TH STREET  
#401, BLDNG 2  
MIAMI, FL 33126

**Current Mailing Address:**

9175 SW 77 AVENUE  
#203  
MIAMI, FL 33156

**New Mailing Address:**

7721 NW 7TH STREET  
#401, BLDNG 2  
MIAMI, FL 33126

**FEI Number:** 26-4106434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, HUMBERTO F  
9175 SW 77 AVENUE  
#203  
MIAMI, FL 33156 US

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

GONZALEZ, HUMBERTO F  
7721 NW 7TH STREET  
#401, BLDNG 2  
MIAMI, FL 33126 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: HUMBERTO F GONZALEZ

01/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, HUMBERTO F  
Address: 9175 SW 77 AVENUE #203  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, HUMBERTO F  
Address: 7721 NW 7TH ST, #401 BLDNG 2  
City-St-Zip: MIAMI, FL 33126

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: HUMBERTO F GONZALEZ

MGRM

01/28/2009

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