

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071738

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** HEALTH CARE RECRUITMENT PARTNERS, LLC

**Current Principal Place of Business:**

15275 89TH AVE NORTH  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5500 MILITARY TRAIL - # 22-309  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** PRES  
**Name:** PICO, PILAR T  
**Address:** 5500 MILITARY TRAIL # 22-309  
**City-St-Zip:** JUPITER, FL 33458 US

**Title:** COO  
**Name:** HIBBERTS, DEBBIE  
**Address:** 5500 MILITARY TRAIL # 22-309  
**City-St-Zip:** JUPITER, FL 33458 US

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:** PILAR PICO

PRES

04/26/2011

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