2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113667

Address:

City-St-Zip:

Entity Name: HEALTH CAPITAL INTERNATIONAL, LLC

FILED Apr 03, 2009 Secretary of State

| Current P | rincipal Place | of Business: | New Prince | New Principal Place of Business: | | |
|---|-------------------------------------|---------------------------------------|---|----------------------------------|--|--|
| | RTHWEST 601 D, FL 33076 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| | RTHWEST 601 D, FL 33076 | THICOURT US | | | | |
| FEI Number: | 26-3961496 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | l Addres: | s of New Registered Agent: | |
| | PHILIP ORIDA AVENI L 33601 US | | | | | |
| | named entity s e of Florida. | submits this statement for the | purpose of changing | its registe | ered office or registered agent, or both | |
| SIGNATUF | RE: | | | | | |
| | Electron | ic Signature of Registered Ag | gent | t Date | | |
| MANAGING I | MEMBERS/MANA | GERS: | ADDITIONS/ | ADDITIONS/CHANGES: | | |
| Title: Name: Address: City-St-Zip: | ICKOVIC, JAN | Delete VEST 60TH COURT 33076 US | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: | () | Delete | Title: Name: Address: | | () Change (X) Addition 3 PRACTICES LL, C REMONT AVE. APT 234 | |

City-St-Zip: TAMPA, FL 33606 US

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: JAN ICKOVIC 04/03/2009