

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069546

FILED
Mar 31, 2010
Secretary of State

Entity Name: HEALTHCARE REGULATORY RISK SOLUTIONS, LLC

Current Principal Place of Business:

6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL, 33309

New Principal Place of Business:

6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL, 33309

New Mailing Address:

6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL 33309

FEI Number: 27-0665832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTERA, CHRISTOPHER V MR.
6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL 33309 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: PRESTERA, CHRISTOPHER V
Address: 6301 NW 5TH WAY, SUITE 2800
City-St-Zip: FORT LAUDERDALE, FL 33309 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: CHRISTOPHER PRESTERA

MR.

03/31/2010

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