

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000079103

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

17520 SW 89 AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

17520 SW 89 AVENUE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-0881853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENKEL, ELIZABETH  
17520 SW 89 AVENUE  
MIAMI, FL 33157 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:** HENKEL, BRUCE  
**Address:** 17520 SW 89 AVENUE  
**City-St-Zip:** MIAMI, FL 33157

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: ELIZABETH A. HENKEL

PRES

04/21/2011

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