## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9 7000000887

1. Entity Name



## FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90269 034 \*\*\*\*50.00

HEALTHC	ARE FINANCIAL CONSULTA	ANTS L.C.					
Principal Place of Business 29420 SW 199TH AVE HOMESTEAD FL 33030		Mailing Address 29420 SW 199TH AVE HOMESTEAD FL 33030				·	
2. Principal P	lace of Business	3. Mailing Address				)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	CHECK HERE IF N	MAKING CHANGES	
City & State		City & State		4. FEI Numbe	59-3464334	<del></del>	oplied For
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Add	ot Applicable ditional d
	6. Name and Address of Currer	nt Registered Agent	<del>-   </del>	7. Name and	Address of New Regis		
<b>A</b> 11.		Name	Name				
2942	, Sean 20 SW 199TH AVE MESTEAD FL 33030		Street Address	s (P.O. Box Numbe	r is Not Acceptable)		
	ILO ILAD I E OOOOO						
			City			FL Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpose of changing its re	egistered office or regist	tered agent, or bot	h, in the State of Florida	. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	Registered Agent signature requi	red when reinstating)	_ <del></del>	DATE		
FILE NOW!!! FI Make Check Payable to Flor				ſ			
	,		By May 1, 2003				
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/CH	ANGES	- <del></del>
TITLE	MGRM	Delete	TITLE		7,001101107011	Change	Addition
NAME	GILL, SEAN	<u></u> 5000.g	NAME		,		_ (
STREET ADDRESS	29420 SW 199TH AVE		STREET ADDRESS				].
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP				<u></u>
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				}
TITLE	<del> </del>	□ Delete	TITLE			☐ Change	☐ Addition
NAME		_ 5000	NAME				
STREET ADDRESS		•	STREET ADDRESS				}
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<del></del>	☐ Delete	TITLE			☐ Change	Addition
NAME		_ • • • • • • • • • • • • • • • • • • •	NAME			_ ,	_
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME Street Address	•		NAME STREET ADDRESS				)
CITY-ST-ZIP			CITY-ST-ZIP				
	ertify that the information supplied wi	ith this filing does not qualify for the	ne exemption stated in §	Section 119.07(3)(i	), Florida Statutes. I furt	ther certify that the in	nformation

indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OF PRINTED NAME OF AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE