

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000600

FILED  
Feb 10, 2004  
Secretary of State

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

**Current Principal Place of Business:**

2208 SHOMA DRIVE  
ROYAL PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10759 VERSAILLES BLVD.  
WELLINGTON, FL 33467

**New Mailing Address:**

11924 W FOREST HILL BLVD.  
SUITE 22-312  
WELLINGTON, FL 33414

**FEI Number:** 75-3015650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANT, RICHARD  
10759 VERSAILLES BLVD.  
WELLINGTON, FL 33467 US

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

GANT, RICHARD  
11924 W FOREST HILL BLVD.  
SUITE 22-312  
WELLINGTON, FL 33414 US

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: RICHARD GANT

02/10/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GANT, RICHARD  
Address: 10759 VERSAILLES BLVD.  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD GANT

MFR

02/10/2004

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