


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90152 008 ****55.00

DOCUMENT # M02000000600	
1. Entity Name INNOVATIVE HEALTHCARE SOLUTIONS, LLC	

Principal Place of Business 900 OSCEOLA DR SUITE 200 WEST PALM BEACH, FL 33409	Mailing Address 900 OSCEOLA DR SUITE 200 WEST PALM BEACH, FL 33409
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60004669

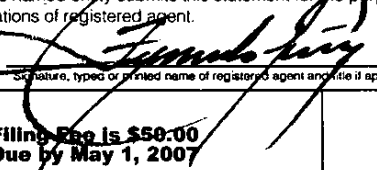


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

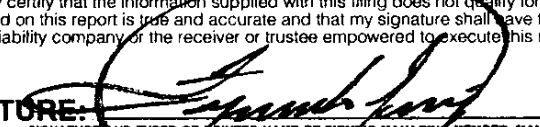
01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3015650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GANT, RICHARD 900 OSCEOLA DRIVE, SUITE 200 WEST PALM BEACH, FL 33405	
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7. Name and Address of New Registered Agent Name FERNANDO CHAVEZ Street Address (P.O. Box Number is Not Acceptable) SAME City L State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/11/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GANT, RICHARD 900 OSCEOLA DR., STE. 200 WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FERNANDO CHAVEZ 900 OSCEOLA DRIVE SUITE 200 WEST PALM BEACH FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 1/11/07 361-791-1178 Daytime Phone #