

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000600

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: INNOVATIVE HEALTHCARE SOLUTIONS, LLC

## Current Principal Place of Business:

900 OSCEOLA DR  
SUITE 200  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

8401 LAKE WORTH ROAD  
SUITE 212  
LAKE WORTH, FL 33467

## Current Mailing Address:

900 OSCEOLA DR  
SUITE 200  
WEST PALM BEACH, FL 33409

## New Mailing Address:

8401 LAKE WORTH ROAD  
SUITE 212  
LAKE WORTH, FL 33467

FEI Number: 75-3015650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAVEZ, FERNANDO  
900 OSCEOLA DRIVE,  
SUITE 200  
WEST PALM BEACH, FL 33405 US

## Name and Address of New Registered Agent:

HARKINS, WILLIAM  
8401 LAKE WORTH ROAD  
SUITE 212  
WEST PALM BEACH, FL 33467 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: WILLIAM HARKINS

02/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: CHAVEZ, FERNANDO  
Address: 900 OSCEOLA DR., STE. 200  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: HARKINS, WILLIAM  
Address: 8401 LAKE WORTH ROAD SUITE 212  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM HARKINS

CEO

02/04/2009

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