


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001276
 1. Entity Name
 CHC HEALTHCARE SOLUTIONS, LLC



Principal Place of Business 49 OLD BLOOMFIELD AVE. MOUNTAIN LAKES, NJ 07046-1495	Mailing Address 49 OLD BLOOMFIELD AVE. MOUNTAIN LAKES, NJ 07046-1495
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01062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0715469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

U00000182447
01/19/05-80027-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMPUTER HORIZONS CORP. 49 OLD BLOOMFIELD AVE. MOUNTAIN LAKES, NJ 070461495
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZA CONSULTING, LLC 101 WEST AVE., SUITE 300, 3RD FLOOR JENINTOWN, PA 190461495
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 J. Murphy MANAGER Date: 1/13/05 Daytime Phone #: 973-299-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE