

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001276

FILED
Apr 27, 2007
Secretary of State

Entity Name: CHC HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

49 OLD BLOOMFIELD AVE.
MOUNTAIN LAKES, NJ 070461495

New Principal Place of Business:

49 OLD BLOOMFIELD AVE.
MOUNTAIN LAKES, NJ 07046

Current Mailing Address:

49 OLD BLOOMFIELD AVE.
MOUNTAIN LAKES, NJ 070461495

New Mailing Address:

49 OLD BLOOMFIELD AVE.
MOUNTAIN LAKES, NJ 07046

FEI Number: 01-0715469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMPUTER HORIZONS CO, RP.
Address: 49 OLD BLOOMFIELD AVE.
City-St-Zip: MOUNTAIN LAKES, NJ 070461495

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONROY, DENNIS J
Address: 49 OLD BLOOMFIELD AVE.
City-St-Zip: MOUNTAIN LAKES, NJ 07046

Title: MGR () Change (X) Addition
Name: CAULFIELD, MICHAEL C
Address: 49 OLD BLOOMFIELD AVE.
City-St-Zip: MOUNTAIN LAKES, NJ 07046

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: DENNIS J. CONROY

MGR

04/27/2007

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