

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001443

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** HEALTH CARE SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

255 CITRUS TOWER BLVD., STE. 100  
CLERMONT, FL 34711

**New Principal Place of Business:**

483 N. SEMORAN BLVD  
SUITE 2004  
WINTER PARK, FL 32792

**Current Mailing Address:**

255 CITRUS TOWER BLVD., STE. 100  
CLERMONT, FL 34711

**New Mailing Address:**

483 N. SEMORAN BLVD.  
SUITE 204  
WINTER PARK, FL 32792

**FEI Number:** 20-4371913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINER, ROBERT  
255 CITRUS TOWER BLVD., STE. 100  
CLERMONT, FL 34711 US

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

MINER, ROBERT  
483 N. SEMORAN BLVD.  
SUITE 204  
WINTER PARK, FL 32792 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: ROBERT MINER

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IDJB INVESTMENTS, LL, C  
Address: 255 CITRUS TOWER BLVD., STE. 100  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: IDJB INVESTMENTS, LL, C  
Address: 483 N. SEMORAN BLVD., SUITE 204  
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGEE

CFO

04/27/2007

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