

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026637

Entity Name: CAPITAL HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

8200 113TH ST. #103
SEMINOLE, FL 33772

Current Mailing Address:

PO BOX 7888
SEMINOLE, FL 33772

FEI Number: 05-0619157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILES, DAVID M
8200 113TH ST. #103
SEMINOLE, FL 33705 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GILES, DAVID M
Address 8200 113TH ST. #103
City-State-Zip: SEMINOLE FL 33705

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GILES

MGRM

01/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date