

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 24, 2009  
Secretary of State**

DOCUMENT# L08000069932

Entity Name: QUINN-ELLIS LEGAL NURSE CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

709 TURNBERRY COVE NORTH  
NICEVILLE, FL, 32578 US

**New Principal Place of Business:**

709 TURNBERRY COVE NORTH  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

709 TURNBERRY COVE NORTH  
NICEVILLE, FL, 32578 US

**New Mailing Address:**

709 TURNBERRY COVE NORTH  
NICEVILLE, FL 32578 US

FEI Number: 26-4075227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELLIS, SUSAN Q  
709 TURNBERRY COVE NORTH  
NICEVILLE, FL 32578 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: MGR ( ) Delete  
Name: ELLIS, SUSAN Q  
Address: 709 TURNBERRY COVE NORTH  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN Q ELLIS RN BSN CCRN CLNC

MRS

03/24/2009

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