


FILED
May 10, 2004 8:00 am
Secretary of State

03-31-2004 90347 004 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016210			
1. Entity Name ALLIANCE FOR HEALTHCARE CONSULTING, LLC			
Principal Place of Business 1776 N. PINE ISLAND ROAD STE. 318 PLANTATION, FL 33322		Mailing Address 1776 N. PINE ISLAND ROAD STE. 318 PLANTATION, FL 33322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1882882		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Perquired			
6. Name and Address of Current Registered Agent SHAPIRO, KENNETH W 1776 N. PINE ISLAND ROAD STE. 318 PLANTATION, FL 33322		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when certifying.) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. PROVISIONS/CHANGES	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Manager	Aspen Nurse Advisors, Inc	Managing Members	Managing Members
1776 N. Pine Island Rd #318	1776 N. Pine Island Rd #318		
Plantation, FL 33322	Plantation, FL 33322		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Cheryl Cusimano	7838 Aztec Court	Managing Members	Managing Members
Lake Worth, FL 33463	Lake Worth, FL 33463		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Darlene K. Cizewski, Inc	1810 SW 81st Ave #2110	Managing Members	Managing Members
N Lauderdale, FL 33068	N Lauderdale, FL 33068		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LDG Associates, Inc.	PO Box 771001	Managing Members	Managing Members
Coral Springs, FL 33077-1001	Coral Springs, FL 33077-1001		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 606, Florida Statutes.			
SIGNATURE: Melissa Mann		3/15/04 959-474-1776	