2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# L00000000317

Entity Name: LBA HEALTHCARE CONSULTING SERVICES, LLC

Current Principal Place of Business:

1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3616028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VON STEIN, NEAL J
1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL 32207 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: LBA CERTIFIED PUBLIC, ACCOUNTANTS, P A
Address: 1301 RIVERPLACE BLVD., SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete
Name: BRUST, LEE ANN
Address: 1301 RIVERPLACE BLVD., SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL J VON STEIN MGR 04/14/2006

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