2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
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:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

Current Mailing Address:

1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL 32207

New Mailing Address:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

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:

VON STEIN, NEAL J
501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202 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: NEAL J VON STEIN 01/18/2008
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: MGR (X) Change ( ) Addition
Name: LBA CERTIFIED PUBLIC, ACCOUNTANTS, P A
Address: 501 RIVERSIDE AVENUE SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Change ( ) Addition
Name: BRUST, LEE ANN
Address: 501 RIVERSIDE AVENUE SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

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: NEAL J VON STEIN MGR 01/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date