

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000000317

FILED
Apr 07, 2003
Secretary of State

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:

BRINSON, DAVID
1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

VON STEIN, NEAL J
1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL 32207 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

04/07/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LAFAYE, BROCK & ASSO, CIATES, P.A.
Address: 1301 RIVERPLACE BLVD., SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: MENGEL, 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 Section 119.07(3)(i), 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

04/07/2003

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