2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L01000006746

Entity Name: MEDICAL MANAGEMENT CONSULTANTS, LLC

Current Principal Place of Business:

13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1134327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SINGER, MICHAEL S
3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS, FL 33410 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SINCLAIR, MICHAEL J	
Address:	13005 STATE ROAD 80, SUITE 111	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	MGR	( ) Delete
Name:	DALDINE, SUSAN M MEMBER	
Address:	13005 STATE ROAD 80 #111	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	SINCLAIR, DENNIS	
Address:	13005 STATE ROAD 80 #111	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	MGR	( ) Change (X) Addition
Name:	SINCLAIR, THOMAS	
Address:	13005 STATE ROAD 80, #111	
City-St-Zip:	LOXAHATCHEE, FL 33470	

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: MICHAEL J. SINCLAIR MGRM 04/27/2005

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