

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006746

FILED
Apr 28, 2006
Secretary of State

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 ()

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/MANAGERS:

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: MGR () Delete
Name: SINCLAIR, DENNIS
Address: 13005 STATE ROAD 80 #111
City-St-Zip: LOXAHATCHEE, FL 33470

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

ADDITIONS/CHANGES:

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

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

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: MICHAEL J. SINCLAIR

MGRM

04/28/2006

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