

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006746

**FILED**  
**Apr 26, 2011**  
**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 (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/MANAGERS:**

**Title:** MGRM  
**Name:** SINCLAIR, MICHAEL J  
**Address:** 13005 STATE ROAD 80, SUITE 111  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** MGR  
**Name:** DALDINE, SUSAN M MEMBER  
**Address:** 13005 STATE ROAD 80 #111  
**City-St-Zip:** LOXAHATCHEE, FL 33470

I hereby 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      04/26/2011

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