LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name Gould & Lamb Healthcare Consultants, LLC				03-13-2002 90095 025 ****50.00	
		oouzeuco, 111			
L010000	107173				-
1	DO NOT WRITE	E IN THIS S	PAC	E	
2. Principal Place of Business 3. Mailing Address					B0042422
6404 Manatee Ave. West 912 Cimarron				le	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
Suite E City & State City & State					4. FEI Number Applied For
Bradenton, FL Bradenton, F					65-109997 Not Applicab
Zip	Country	Zip	Coun	*	5. Certificate of Status Desired S5.00 Additional
34209		1 34209		<u>U.S.</u>	7. Name and Address of Current Registered Agent
				Name	
1				Adron H. Walker Street Address (P.O. Box Number is Not Acceptable)	
				Succi Addres	Succi Address (1.0. Dox Number is Not Acceptable)
III INIS SPACE				3119	9 Manatee Ave. West
				City	denton FL Zip Code 34205
8. The above	named entity submits this statement f	or the purpose of changing	its register		
		z. z pp z. z. z. zgg			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable			DATE
			FEE IS	\$50.00	
		Make Check		-	t of State
			DUE BY	MAY 1	
9.	MANAGING MEMB	ERS/MANAGERS			
TITLE		resident	TITL		
NAME STREET ADDRESS	i		NAM	ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	·
TITLE	Manager/Member Vi	ice-President	TITU	E	
NAME	Janice K. Gould		NAM	IE .	
STREET ADDRESS)			ET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 342	209		-ST-ZIP	
TITLE NAME			LITE		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	DO NOT WRITE
TITLE			TITU		in this space
NAME STREET ADDRESS			NAM	ET ADDRESS	IIO IIIIO OI AOL
CITY-ST-ZIP				-ST-ZIP	
TITLE		<u> </u>	TOTAL		
NAME	DO NOT WRITE IN THIS SPACE Over named entity submits this statement for the purpose of changing or printed name of registered agent and title if applicable. MANAGING MEMBERS/MANAGERS Manager/Member President Michael J. Gould 912 Cimarron Circle Bradenton, FL 34209 Manager/Member Vice-President Janice K. Gould 912 Cimarron Circle Bradenton, FL 34209 ESS ESS ESS ESS			E	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP	
TITLE			TITLE		
NAME			NAM	1	
STREET ADDRESS			1	ET ADORESS	
CITY-ST-ZIP	<u> </u>			-ST-ZIP	
11. I nereby (cerury that the information supplied wit	n this filing does not qualify	for the exe	mption stated in	Section 119.07(3)(i). Florida Statutes, I further certify that the information

11. I hereby certify that the information supplied with this filing does not qualify 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 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. Gould 2-28-02 (941) 798-2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MERIEUR MANAGER OR AUTHORIZED REPRESENTATIVE Date Dayline Pront of