

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

03-13-2002 90095 025 \*\*\*\*50.00

**DOCUMENT #**  
1. Entity Name  
Gould & Lamb Healthcare Consultants, LLC  
L01000007173

**DO NOT WRITE IN THIS SPACE**

80042422

2. Principal Place of Business  
6404 Manatee Ave. West  
Suite, Apt. #, etc.  
Suite E

3. Mailing Address  
912 Cimarron Circle  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Bradenton, FL

City & State  
Bradenton, FL

4. FEI Number  
65-1099997

Applied For  
Not Applicable

Zip  
34209

Country  
U.S.

Zip  
34209

Country  
U.S.

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Adron H. Walker

Street Address (P.O. Box Number is Not Acceptable)

3119 Manatee Ave. West

City  
Bradenton

FL Zip Code  
34205

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager/Member President  
Michael J. Gould  
912 Cimarron Circle  
Bradenton, FL 34209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager/Member Vice-President  
Janice K. Gould  
912 Cimarron Circle  
Bradenton, FL 34209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E089B (12/01)