

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91597 005 \*\*\*\*50.00

968374



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000017260**

1. Entity Name

**LEGAL MEDICAL CONSULTANTS, LLC**

Principal Place of Business

**4030 SNOWY EGRET DRIVE  
 MELBOURNE FL 32904**

Mailing Address

**4030 SNOWY EGRET DRIVE  
 MELBOURNE FL 32904**

2. Principal Place of Business

**4030 Snowy Egret Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address

**4030 Snowy Egret Dr.**  
 Suite, Apt. #, etc.

City & State

**Melbourne F**

City & State

**Melbourne, F.**

4. FEI Number

**59-3748020**

☒ Applied For

☐ Not Applicable

Zip

**32904**

Country

**USA**

Zip

**32904**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK  
 930 S. HARBOR CITY BLVD.  
 SUITE 505  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGR SCHRADER, CAROL**  
 STREET ADDRESS **4030 SNOWY EGRET DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE NAME ☐ Delete  
**MGR GILBERT, CYNDI**  
 STREET ADDRESS **340 EUTAU STREET**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

*Schrader* **REQUIRES 5/21/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)