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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -1 PM 4:16

DOCUMENT # L01000017260

1. Entity Name
Legal Medical Consultants, LLC

Principal Place of Business
4030 Snowy Egret Dr.
Melbourne, Fl. 32904

Mailing Address
P.O. Box 121142
W. Melbourne, Fl. 32904

DO NOT WRITE IN THIS SPACE

02292004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3748020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Carol Schrader
4030 Snowy Egret Dr.
W. Melbourne, Fl. 32904

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cschrader 3-22-04
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when submitting. DATE

Filing Fee is $88.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Carol Schrader 4030 Snowy Egret Dr. Melbourne, Fl. 32904
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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)(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: Cschrader 3-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date
Daytime Phone #