2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2005
Secretary of State

DOCUMENT# L01000017260

Entity Name: LEGAL MEDICAL CONSULTANTS, LLC

Current Principal Place of Business:

4030 SNOWY EGRET DRIVE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121142
W. MELBOURNE, FL 32904

New Mailing Address:

P.O. BOX 121663
W. MELBOURNE, FL 32912

FEI Number: 59-3748020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHRADER, CAROL
4030 SNOWY EGRET DRIVE
MELBOURNE, FL 32904 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/MEMBERS:

Title: MGRM ( ) Delete
Name: SCHRADER, CAROL
Address: 4030 SNOWY EGRET DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: NELSON, DIANNE
Address: 449 TURTLE CIRC
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL SCHRADER RA 01/23/2005

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