

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003341

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: LEGAL MEDICAL / NURSE CONSULTANTS, LLC

## Current Principal Place of Business:

1795 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406

## Current Mailing Address:

1795 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406

## New Principal Place of Business:

1495 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406 US

## New Mailing Address:

1495 FOREST HILL BLVD  
STE B  
WEST PALM BEACH, FL 33406 US

FEI Number: 01-0595265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COPPER, KATHLEEN A RN  
1795 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 US

## Name and Address of New Registered Agent:

COPPER, KATHLEEN A RN  
1495 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 US

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:

02/03/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: COOPER, KATHLEEN  
Address: 445 SANTA ANNA DR  
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGRM ( ) Delete  
Name: BOSS, KAREN  
Address: 1495 FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COOPER, KATHLEEN  
Address: 445 SANTA ANNA DR  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: MGRM (X) Change ( ) Addition  
Name: VOSS, KAREN  
Address: 1495 FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: KATHLEEN COOPER, RN

MGMR

02/03/2005

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