

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-30-2003 90185 024 ***50.00

DOCUMENT # L02000003341

1. Entity Name

LEGAL MEDICAL / NURSE CONSULTANTS, LLC



Principal Place of Business

5350 10TH AVE. N.
#8
LAKE WORTH FL 33463

Mailing Address

5350 10TH AVE. N.
#8
LAKE WORTH FL 33463

44002259

2. Principal Place of Business

1791 Palm Acres Dr
Suite, Apt. #, etc.

3. Mailing Address

1791 Palm Acres Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach FL
Zip 33406 Country

City & State

West Palm Beach FL
Zip 33406 Country

4. FEI Number

01-0595265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPPER, KATHLEEN A RN
5350 10TH AVE. N.
#8
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

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

1791 Palm Acres Drive

City

West Palm Beach

FL

Zip Code

33406

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Kathleen Cooper
445 Santa Anna Dr. - Registered Agent
Palm Springs FL 33461

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Karen M Voss
430 Barnett St.
WPB - FL 33405

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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:

Kathleen Cooper **SIGNATURE REQUIRED**

4/24/03

9619646927

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

Date

Daytime Phone #

CR2063 (10/02)