2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90185 024 ****50.00

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DOCUMENT # L02000003341

1. Entity Name
LEGAL MEDICAL / NURSE CONSULTANTS, LLC

Principal Place of Business	Mailing Address
5350 10TH AVE. N. #8 LAKE WORTH FL 33463	5350 10TH AVE. N. #8 LAKE WORTH FL 33463

2. Principal Place of Business	3. Mailing Address
1791 Palm Acres Dr	1791 Palm Acres Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33406 / Country	Zip: 33406 / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
COPPER, KATHLEEN A RN 5350 10TH AVE. N. #8 LAKE WORTH FL 33463	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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen Cooper 445 Santa Anna Dr. - Registered Agent Palm Springs FL 33461 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen M Voss 430 Barnett St. WPB - Fl. 33405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 9615646927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #