

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016595

FILED
Apr 19, 2005
Secretary of State

Entity Name: CHAMBERS MEDICAL LEGAL CONSULTING, LLC

Current Principal Place of Business:

1051 HILLSBORO MILE #905
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1051 HILLSBORO MILE #905
HILLSBORO BEACH, FL 33062

New Mailing Address:

FEI Number: 55-0798995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, WINIFRED PHD MD
1051 HILLSBORO MILE #905
HILLSBORO BEACH, FL 33062 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: MGR () Delete
Name: CHAMBERS, WINIFRED
Address: 1051 HILLSBORO MILE #905
City-St-Zip: HILLSBORO BEACH, FL 33062

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAHN, PAUL E
Address: 1537 E. HILLSBORO BLVD #243
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR () Change (X) Addition
Name: CHAMBERS, WINIFRED
Address: 1051 HILLSBORO MILE #905
City-St-Zip: HILLSBORO BEACH, FL 33062

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: PAUL E. HAHN

MGR

04/19/2005

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