


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90032 028 ****50.00

DOCUMENT # L02000019712					
1. Entity Name ENDOCRINE CONSULTING SERVICES, LLC					
Principal Place of Business 8520 MEADOW BROOK DRIVE LARGO FL 33777			Mailing Address 8520 MEADOW BROOK DRIVE LARGO FL 33777		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0638765	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENSTOCK, TRACY LEE 8520 MEADOW BROOK DRIVE LARGO FL 33777				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (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, 2004					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP				
10. ADDITIONS / CHANGES					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY - ST - ZIP				

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: Tracy Benstock **TRACY BENSTOCK** 4/12/2004 727-393-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #