## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025250

FILED Apr 27, 2004 Secretary of State

Entity Name: CROWLEY AND ASSOCIATES LEGAL NURSE CONSULTANTS, LLC

Current Principal Place of Business: New Principal Place of Business:

25188 E. MARION AVE 6315 PRESIDENTIAL COURT

D 202 SUITE D

PUNTA G ORDA, FL 33950 US FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

25188 E. MARION AVE 6315 PRESIDENTIAL COURT

D 202 SUITE D

PUNTA G ORDA, FL 33950 US FORT MYERS, FL 33919 US

FEI Number: 22-3873672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DWYER, JAMES T

25188 E. MARION AVE

D202

PUNTA GORDA, FL 33950 US

GILMAN AND CIOCIA

8695 COLLEGE PARKWAY

SUITE 205

FORT MYERS, FL 33919 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: PAT HESSELL 04/27/2004

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: PST () Delete Title: MGR (X) Change () Addition
Name: DWYER JAMES T Name: CROWLEY LORINDA

Name: DWYER, JAMES T Name: CROWLEY, LORINDA
Address: 25188 E. MARION AVE. D202 Address: 6315 PRESIDENTIAL COURT SUITE D

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: FORT MYERS, FL 33919

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: LORINDA CROWLEY MGR 04/27/2004