


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032128 1. Entity Name N-CITE MEDICAL-LEGAL CONSULTING LLC	
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Principal Place of Business 35250 S.W. 177TH CT FLORIDA CITY, FL 33034	Mailing Address PO BOX 344097 FLORIDA CITY, FL 33034
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01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0541624	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEDELL, C. JENEANE
35250 S.W. 177 COURT
#169
FLORIDA CITY, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEDEL, CECYL J 35250 S.W. 177 CT FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEDEL, JOHN T 35250 S.W. 177 CT FLORIDA CITY, FL 33034
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03/28/05-80067-010 50.00

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IN THIS SPACE**

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: Jeneane Bedell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-21-05 305-248-7008
Date Daytime Phone #