

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 14, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L02000032128**

1. Entity Name  
**N-CITE MEDICAL-LEGAL CONSULTING LLC**



Principal Place of Business

**125 MARINA  
KEY LARGO, FL 33037 US**

Mailing Address

**1521 KANAWHA TERRACE  
SAINT ALBANS, WV 25177**



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**05-0541624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BEDELL, JOHN  
1521 KANAWHA TERRACE  
SAINT ALBANS, WV, FL 25177**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000781825  
01/15/08-80049-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BEDELL, CECYL J  
1521 KANAWHA TERRACE  
SAINT ALBANS, WV 25177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Cecyl J Bedell*

1-9-08

304-722-4655

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

Date

Daytime Phone #