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Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90110 038 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032128

90151312

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

Principal Place of Business	Mailing Address
~~112 SUTTONWOOD AVENUE~~ ~~KEY LARGO, FL 33037~~ 35250 S.W. 177 Ct. #169 Florida City Fl 33034	~~PO BOX 371280~~ ~~KEY LARGO, FL 33037~~ p.o. Box 344097 Florida City Fl. 33034
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
BEDELL, CECYL J ~~112 SUTTONWOOD AVENUE~~ ~~KEY LARGO, FL 33037~~ 35250 S.W. 177 Ct. #169 Florida City, Fl. 33034	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 _____ DATE

[redacted]

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Delete BEDEL, CECYL J ~~112 SUTTONWOOD AVENUE~~ 35250 S.W. 177 Ct ~~KEY LARGO, FL 33037~~ #169 Fl. City Fl. 33034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☐ Delete BEDELL, JOHN T 35250 S.W. 177 Ct. ~~112 SUTTONWOOD AVENUE~~ ~~KEY LARGO, FL 33037~~ #169 Fl. City, Fl. 33034	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
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CR2E063 (10/02)

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 605, Florida Statutes.

SIGNATURE: Cecyl J. Bedell / Cecyl J. Bedell 8-4-03 305-453-7008

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

The Bedells
John and Jeneane
P.O. Box 344097
Fl. City, FL 33034