

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003314

**FILED**  
**Jul 20, 2005**  
**Secretary of State**

**Entity Name:** MEDICAL CONSULTING ENTERPRISES, LLC

**Current Principal Place of Business:**

3226 DOWNS COVE ROAD  
WINDERMERE, FL 347868304

**New Principal Place of Business:**

**Current Mailing Address:**

3226 DOWNS COVE ROAD  
WINDERMERE, FL 347868304

**New Mailing Address:**

**FEI Number:** 48-1261995      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RESIDENT AGENTS OF NEVADA, INC  
3226 DOWNS COVE ROAD  
WINDERMERE, FL 347868304 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** DEVER, MICHAEL  
**Address:** 3226 DOWNS COVE ROAD  
**City-St-Zip:** WINDERMERE, FL 347868304

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: MICHAEL DEVER

MGR

07/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date