

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054093

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** DODGE HEALTHCARE CONSULTING LLC

**Current Principal Place of Business:**

9509 LARKBUNTING DR  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

9509 LARKBUNTING DR  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 80-0096364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

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

DODGE, MARK S PRES  
9509 LARKBUNTING DRIVE  
TAMPA, FL 33647 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: MARK S DODGE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DODGE, MARK S PRES  
Address: 9509 LARKBUNTING DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: DODGE, IRENE M VP  
Address: 9509 LARKBUNTING DRIVE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: DODGE, MARK S PRES  
Address: 9509 LARKBUNTING DRIVE  
City-St-Zip: TAMPA, FL 33647 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK S DODGE

PRES

04/30/2009

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