

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90035 025 \*\*\*\*50.00

<b>DOCUMENT # L04000017282</b> 1. Entity Name <b>COLLEAGUES HEALTHCARE CONSULTING, LLC</b>			
Principal Place of Business 18860 S.W. 29TH STREET MIRAMAR, FL 33029		Mailing Address 18860 S.W. 29TH STREET MIRAMAR, FL 33029	
2. Principal Place of Business Suite, Apt. #, et		3. Mailing Address	
City & State <b>Colleagues Healthcare Consulting 2394 Niki Jo Lane</b>		4. FEI Number <b>76-0739223</b>	
Zip <b>Palm Beach Gardens, FL 33410</b>		Country 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KALIS, NEAL R 7320 GRIFFIN ROAD, SUITE 109 DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>PB Renalde OFC MGR</i></u> <u><i>PAMELA RENALDE</i></u> <u><i>1/10/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>TEPPER, SPENCER</b> <b>7360 N. SENECA ROAD</b> <b>FOX POINT, WI 53217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>RENALDE BRENT P</b> <b>18860 S.W. 29TH STREET</b> <b>MIRAMAR, FL 33029</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIRMAN</b> <b>Brent Renalde</b> <b>2394 Niki Jo Lane</b> <b>Palm Beach Gardens, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u><i>PB Renalde OFC MGR</i></u> <u><i>PAMELA RENALDE</i></u> <u><i>1/10/05</i></u> <u><i>561 725-2783</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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01052005 Chg-LLC CR2E083 (10/03)