

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036336

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** PHOENIX HEALTHSERVICES CONSULTING, LLC

**Current Principal Place of Business:**

104 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

104 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

KAUFMAN, J. STEVEN  
104 MONTE CARLO DRIVE  
PALM BEACH GARDENS, FL 33418 US

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

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:** MGRM ( ) Delete  
**Name:** KAUFMAN, J. STEVEN MGRM  
**Address:** 104 MONTE CARLO DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

**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 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:** J.STEVEN KAUFMAN

MGRM

01/19/2007

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