

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039891

FILED
Apr 04, 2005
Secretary of State

Entity Name: SUZANNE PRUSE & ASSOCIATES MEDICAL LEGAL CONSULTANTS, LLC

Current Principal Place of Business:

1851 WOOD HOLLOW COURT
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

1851 WOOD HOLLOW COURT
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 59-0654971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KATHERINE L
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG
2033 MAIN STREET STE. 600
SARASOTA, FL 427 US

Name and Address of New Registered Agent:

SMITH, KATHERINE L
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG
2033 MAIN STREET STE. 600
SARASOTA, FL 34230 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

04/04/2005

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PRUSE, SUZANNE D
Address: 1851 WOOD HOLLOW COURT
City-St-Zip: SARASOTA, FL 34235 US

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: SUZANNE PRUSE

MGR

04/04/2005

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