

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039891

**FILED**  
**Apr 09, 2007**  
**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 34230 US

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

SMITH, KATHERINE L  
KATHERINE L. SMITH, P.A.  
715 N. WASHINGTON BLVD., STE. B  
SARASOTA, FL 34236 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: \_\_\_\_\_ 04/09/2007  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PRUSE, SUZANNE D  
Address: 1851 WOOD HOLLOW COURT  
City-St-Zip: SARASOTA, FL 34235 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: SUZANNE PRUSE      MGR      04/09/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date