

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052668

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** MEDICOLEGAL CONSULTANTS, LLC

**Current Principal Place of Business:**

17000 SW 63RD MANOR  
SOUTHWEST RANC HES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

17000 SW 63RD MANOR  
SOUTHWEST RANCHES, FL 33331

**New Mailing Address:**

**FEI Number:** 38-3707069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLINGBAUM, MATTHEW P  
3876 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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: SLINGBAUM, MATTHEW P MGRM  
Address: 17000 SW 63RD MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

**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: MATTHEW SLINGBAUM

MGRM

04/18/2006

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