

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061209

FILED
Mar 29, 2006
Secretary of State

Entity Name: MOORE STEPHENS LOVELACE BROUSSARD CLINICAL CONSULTING LLC

Current Principal Place of Business:

1201 SOUTH ORLANDO AVENUE, SUITE 400
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1201 SOUTH ORLANDO AVENUE, SUITE 400
WINTER PARK, FL 32789

New Mailing Address:

ONE LAKESHORE DRIVE, SUITE 1900
LAKE CHARLES, LA 70629

FEI Number: 20-1542754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 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: PRES () Delete
Name: BROUSSARD, KENDALL A
Address: ONE LAKESHORE DRIVE, SUITE 1900
City-St-Zip: LAKE CHARLES, LA 70629

Title: VP () Delete
Name: BROUSSARD, REUBEN P
Address: ONE LAKESHORE DRIVE, SUITE 1900
City-St-Zip: LAKE CHARLES, LA 70629

Title: MGR () Delete
Name: PALMER, DOUGLAS G
Address: 1201 S. ORLANDO AVE, SUITE 400
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: SWINDLING, STANLEY W JR
Address: 1201 S. ORLANDO AVENUE, SUITE 400
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENDALL A. BROUSSARD

PRES

03/29/2006

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