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FILED
Jun 09, 2006 8:00 am
Secretary of State

05-02-2006 90046 039 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021554

1. Entity Name
EHR CONSULTANTS, LLC

Principal Place of Business
7108 FAIRWAY DRIVE STE 101
PALM BEACH GARDENS, FL 33418

Mailing Address
7108 FAIRWAY DRIVE STE 101
PALM BEACH GARDENS, FL 33418

04282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1411 North Flagler Dr.		1411 North Flagler Dr.	
Suite, Apt. #, etc. Suite 8450		Suite, Apt. #, etc. Suite 8450	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country USA	Zip 33401	Country USA

4. FEI Number 20-2434527 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHMAN, ERIC 7108 FAIRWAY DRIVE STE 101 PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Mgr Eric Fishman 1411 N. Flagler Dr. Suite 8450 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHMAN, ANN M. DEBORAH 7108 FAIRWAY DRIVE STE 101 PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Mgr Ann Fishman 1411 N. Flagler Dr. Suite 8450 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ann Fishman Ann Fishman Mgr 4/28/06 561-776-1724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #