2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033432

City-St-Zip: SARASOTA, FL 34233

DOCCIVILIVI# 200000000402

Entity Name: R & L HEALTHCARE CONSULTING, L.L.C.

FILED Mar 23, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|--------------------------------------|---|----------------------------------|-----------------------------------|--|
| Current P | micipai Piace | or business: | New Fillicipal Flace | e Of Busiliess. |
| 1605 MAIN | | | | |
| SUITE 905 | A, FL 34236 | | | |
| OARAGO I | A, I L 34230 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 1605 MAIN | STREET | | | |
| SUITE 905 | | | | |
| SARASOT | A, FL 34236 | | | |
| FEI Number | : 30-0307709 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: |
| C/O WALT 1800 SEC | N, JAMES E E FERS, LEVINE OND STREET A, FL 34236 | , ET AL , SUITE 808 | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both |
| SIGNATUI | RE: | | | |
| | Electro | nic Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: | MGR (|) Delete | Title: | () Change () Addition |
| Name: | ABLEMAN, KAI | • | Name: | () |
| Address: | 5460 S.W. 80T | H STREET | Address: | |
| City-St-Zip: | MIAMI, FL 331 | 43 | City-St-Zip: | |
| Title: | MGR (|) Delete | Title: | () Change () Addition |
| Name: | CONTORAKES | • | Name: | () = |
| Address: | 775 BELLA VIS | • | Address: | |
| City-St-Zip: | CORAL GABLE | | City-St-Zip: | |
| Title: | MGR (|) Delete | Title: | () Change () Addition |
| Name: | SWISHER, JOI | • | Name: | () change () / (addition |
| Address: | 704 PLYMOUTH LANE | | Address: | |
| City-St-Zip: | ELLWOOD CIT | | City-St-Zip: | |
| Title: | MGR (|) Delete | Title: | () Change () Addition |
| Name: | LAZARUS, MAI | • | Name: | () Shange () / Mainton |
| Address: | , | R OAKS COURT | Address: | |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MARC LAZARUS MRG 03/23/2009