

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000546

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** DIABETES & ENDOCRINOLOGY CONSULTANTS LLC

**Current Principal Place of Business:**

1305 PLANTATION ISLAND DR  
105B  
ST AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 840093  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 04-3842889      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CECIL, NANCY S E.A.  
80 MARKLAND PL  
ST AUGUSTINE, FL 32084 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHRESTHA, ANIL P  
Address: 149 MOSES CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086 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 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: ANIL SHRESTHA

MGR

05/01/2007

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