

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061456

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** SHIELDS & ASSOCIATES LEGAL NURSE CONSULTANTS, LLC

**Current Principal Place of Business:**

3263-3 N W 44TH STREET  
OAKLAND PARK, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5079 N DIXIE HIGHWAY  
# 302  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

**FEI Number:** 13-4361040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHIELDS, HUGHUETTE L  
3263-3 N W 44 STREET  
OAKLAND PARK, FL 33309 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  
Name: SHIELDS, HUGHUETTE L  
Address: 3263-3 N W 44TH STREET  
City-St-Zip: OAKLAND PARK, FL 33309 US

I hereby 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: HUGHUETTE SHIELDS

MGRM

01/26/2012

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