

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 09, 2008 8:00 am  
Secretary of State**

04-09-2008 90128 047 \*\*\*143.75

**DOCUMENT # L07000075497**

1. Entity Name  
**D.E.A. LEGAL NURSE CONSULTING, L.L.C.**



Principal Place of Business  
6800 SW 68TH ST  
MIAMI, FL 33143

Mailing Address  
6800 SW 68TH ST  
MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #  
**9109 McDonald Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**9109 McDonald Ct.**  
Suite, Apt. #, etc.

City & State  
**Tallahassee, FL.**  
Zip **32312** Country **USA**

City & State  
**Tallahassee, FL.**  
Zip **32312** Country **USA**

01062008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**77-0696706**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLISON, DONNA E.  
6800 SW 68TH ST  
MIAMI, FL 33143

7. Name and Address of New Registered Agent  
Name **Donna E. Allison (same as before)**  
Street Address (P.O. Box Number is Not Acceptable)  
**9109 McDonald Ct.**  
City **Tallahassee** FL **32312**

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 DeeDee Oliver

(NOTE: Registered Agent signature required when reinstating)

DATE **3-23-08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLISON, DONNA E 6800 SW 68TH ST MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Allison, Donna E. 9109 McDonald Ct. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DeeDee Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-23-08 305-772-5059  
Date Daytime Phone #