

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90145 014 ***138.75

DOCUMENT # L07000083259

1. Entity Name

EAGLE HEALTHCARE CONSULTANTS, LLC



Principal Place of Business

36 POPLAR AVE.
SHALIMAR FL 32579
US

Mailing Address

36 POPLAR AVE.
SHALIMAR FL 32579
US

2. Principal Place of Business - No P.O. Box #

15205 Terra Ridge Cir.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1031

Suite, Apt. #, etc.

City & State

Colorado Springs, CO

Zip

80908

Country

USA

City & State

Monument, CO

Zip

80132

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAMER, LONNIE R
36 POPLAR AVE.
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

3/4/08

DATE

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

TITLE: MGRM
NAME: CRAMER, LONNIE R
STREET ADDRESS: 36 POPLAR AVE.
CITY-ST-ZIP: SHALIMAR FL 32579
15205 Terra Ridge Cir. Colorado Springs, CO 80908

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

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

3/4/08 (850)499-2611

Date

Display Phone #