

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064338

FILED
Jan 24, 2009
Secretary of State

Entity Name: CLINICAL QUALITY ASSURANCE CONSULTING, LLC

Current Principal Place of Business:

11420 CYPRESS LANE
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

11420 CYPRESS LANE
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 26-2913945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, STEPHANIE A
11420 CYPRESS LANE
FORT MYERS BEACH, FL 33931 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: MGR () Delete
Name: MARTIN, STEPHANIE A
Address: 11420 CYPRESS LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

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: STEPHANIE A MARTIN

MGR

01/24/2009

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