2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# L08000064338

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:

11401 HABERSHAM CT.
NORTH FORT MYERS, FL 33917

Current Mailing Address:

11420 CYPRESS LANE
FORT MYERS BEACH, FL 33931

New Mailing Address:

11401 HABERSHAM CT.
NORTH FORT MYERS, FL 33917

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:

MARTIN, STEPHANIE A
11401 HABERSHAN CT.
NORTH FORT MYERS, FL 33917 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: STEPHANIE A. MARTIN 02/13/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MARTIN, STEPHANIE A
Address: 11401 HABERSHAM CT.
City-St-Zip: NORTH FORT MYERS, FL 33917

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 Statues.

SIGNATURE: STEPHANIE A. MARTIN MGR 02/13/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date