

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077545

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

2136 N. PORPOISE POINT LANE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

2136 N. PORPOISE POINT LANE  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GREENSPOON MARDER, P.A.  
100 W. CYPRESS CREEK ROAD SUITE 700  
FT. LAUDERDALE, 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: MGR  
Name: JANKE, LALITA  
Address: 2136 N. PORPOISE POINT LANE  
City-St-Zip: VERO BEACH, FL 32963

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: LALITA JANKE

M

02/16/2011

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