

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108720

FILED  
Jul 14, 2009  
Secretary of State

**Entity Name:** HEALTHCARE RISK AND LITIGATION CONSULTING, LLC

**Current Principal Place of Business:**

104 PITTS STILL ROAD  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

104 PITTS STILL ROAD  
PONTE VEDRA, FL 32082

**New Mailing Address:**

**FEI Number:** ☐ **FEI Number Applied For (X)** ☒ **FEI Number Not Applicable ( )** ☐ **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MCCREA, SARAH  
104 PITTS STILL ROAD  
PONTE VEDRA, FL 32082 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCCREA, SARAH  
Address: 104 PITTS STILL ROAD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM ( ) Delete  
Name: GRIFFIN, DONNA  
Address: 2 FRASER ST.  
City-St-Zip: LADY'S ISLAND, SC 29907

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SARAH MCCREA

MGR

07/14/2009

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