

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000106037

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EHR SYSTEMS CONSULTANTS LLC

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
800  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD  
800  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SCOTT, HOWARD F  
12550 BISCAYNE BOULEVARD  
800  
MIAMI, FL 33181 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: ADM  
Name: PACHECO, MARIA T  
Address: 12550 BISCAYNE BOULEVARD #800  
City-St-Zip: MIAMI, FL 33181

Title: MGRM  
Name: SCOTT, HOWARD F  
Address: 12550 BISCAYNE BOULEVARD #800  
City-St-Zip: MIAMI, FL 33181

Title: MGRM  
Name: HERDOCIA, TRUDI M  
Address: 12550 BISCAYNE BOULEVARD #800  
City-St-Zip: MIAMI, FL 33181

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: MARIA T PACHECO

ADM

04/29/2011

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