

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107739

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

433 PLAZA REAL, STE 275  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

433 PLAZA REAL, STE 275  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 27-1274485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PACHECO, ANA  
16209 S.W. 54 COURT  
MIRAMAR, FL 33027 US

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

PACHECO, ANA  
433 PLAZA REAL  
275  
BOCA RATON, FL 33432 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:**

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** PACHECO, ANA  
**Address:** 433 PLAZA REAL, STE 275  
**City-St-Zip:** BOCA RATON, FL 33432

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:** ANA PACHECO

P

04/30/2010

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