2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# L10000045155

Entity Name: CENTRAL FLORIDA LEGAL NURSE CONSULTANTS, LLC

Current Principal Place of Business:

1570 NW 114TH LOOP
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

2775 NW 49TH AVE
PMB 205
OCALA, FL 34482

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:

LE SAUVAGE, PATRICIA A
1570 NW 114TH LOOP
OCALA, FL 34475 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: LE SAUVAGE, PATRICIA A
Address: 1570 NW 114TH LOOP
City-St-Zip: OCALA, FL 34475

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: PATRICIA A. LE SAUVAGE PRES 03/14/2011

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