

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068998

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** HOLBROOK & ASSOCIATES MEDICAL-LEGAL CONSULTANTS LLC

**Current Principal Place of Business:**

362 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

362 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

**FEI Number:** 01-0971601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNOX, LEIGH A  
751 PENSACOLA BEACH BLVD.  
4F  
PENSACOLA BEACH, FL 32561 US

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

HOLBROOK, LEIGH A  
200 PENSACOLA BEACH ROAD  
I-1  
GULF BREEZE, FL 32561 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: LEIGH ANN HOLBROOK

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NEWKIRK, HARRY  
Address: 310 MALDONADO  
City-St-Zip: PENSACOLA BEACH, FL 32561 US

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: LEIGH ANN HOLBROOK

RA

04/26/2011

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