

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000109586

FILED
Apr 10, 2012
Secretary of State

Entity Name: BRIDGE CLINICAL CONSULTANTS, LLC

Current Principal Place of Business:

363 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

363 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 45-3661896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFORD, GARY W
363 HARBOR DRIVE
CAPE CANAVERAL, FL 32920 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: WOLFORD, GARY W
Address: 363 HARBOR DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

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: GARY WOLFORD

MGR

04/10/2012

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