

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032199

FILED
Feb 16, 2005
Secretary of State

Entity Name: SPECIALTY MEDICAL SYSTEMS OF FLORIDA, LLC

Current Principal Place of Business:

5425 BEAUMONT CENTER BLVD
SUITE 914
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5425 BEAUMONT CENTER BLVD
SUITE 914
TAMPA, FL 33634

New Mailing Address:

FEI Number: 13-4224247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARMENTROUT, GENE
5425 BEAUMONT CENTER BLVD
SUITE 914
TAMPA, FL 33634 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/MEMBERS:

Title: MGRM () Delete
Name: YUROCKO, MICHAEL A
Address: 5425 BEAUMONT CENTER BLVD. SUITE 914
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: ARMENTROUT, MICHAEL J
Address: 3808 W. 153RD ST
City-St-Zip: LEAWOOD, KS 66224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARMENTROUT, GENE
Address: 5425 BEAUMONT CENTER BLVD SUITE 914
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: GENE ARMENTROUT MGRM 02/16/2005

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