

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001108

1. Entity Name
MEDSOURCE HOLDINGS, LTD.

Principal Place of Business Mailing Address

2. Principal Place of Business **4914 N. Armenia Ave**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 1186**
 Suite, Apt. #, etc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

City & State **Tampa Fl.** City & State **Tampa Fl.** 4. FEI Number **59-3312496** Applied For Not Applicable

Zip **33603** Country **USA** Zip **33601** Country **USA** 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Stanford R. Saloman, Esq.
Barnett Plaza, Suite 1818
101 East Kennedy Blvd.
Tampa, Fl. 33602

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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.

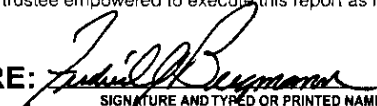
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **990.00** 10. Amount of Capital Contributions in FLORIDA to date. **990.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	94000059319 Remedial Management Corporation 4914 N. Armenia Ave Tampa Fl. 33603	STREET ADDRESS CITY-ST-ZIP	000003229050--4 -04/28/00--01079--008 ***141.25 ***141.25
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14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Frederick J. Bergman**
 Pres. - Remedial Management Corp Date **4-12-2000** Daytime Phone # **813-258-4674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)