

2002 UNIFORM BUSINESS REPORT (UBR)

0012977 AT

DOCUMENT # A95000001108

1. Entity Name

MEDSOURCE HOLDINGS, LTD.

FILED

02 APR -9 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4914 N. ARMENIA AVENUE
TAMPA FL 33603

Mailing Address

P.O. BOX 1186
TAMPA FL 33601

2. Principal Place of Business

2137 W. Martin Luther King

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Tampa Florida

City & State

4. FEI Number

59-3312496

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, STANFORD R
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

Signature, typed or printed name of registered agent and title if applicable.

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

DOCUMENT # P94000059319
NAME REMEDIAL MANAGEMENT CORPORATION
STREET ADDRESS 4914 N. ARMENIA AVENUE
CITY-ST-ZIP TAMPA FL 33603

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2137 W. Martin Luther King Blvd.

CITY-ST-ZIP

Tampa Florida 33607

STREET ADDRESS

500005258535--8

CITY-ST-ZIP

04/12/02 01094 022
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

462002

Date

813-826-4391

Daytime Phone #

CR2E003 (9/01)