



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A95000001108		
1. Entity Name MEDSOURCE HOLDINGS, LTD.		

Principal Place of Business 2137 W. MARTIN LUTHER KING TAMPA FL 33607	Mailing Address P.O. BOX 1186 TAMPA FL 33601	<i>BK</i>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
05 FEB 28 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3312496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000059319 REMEDIAL MANAGEMENT CORPORATION 2137 W. MARTIN LUTHER KING BLVD TAMPA FL 33607
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

800047968038
03/08/05 01064 005 **308.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Julie R. Bummer* Date: 2-23-05 Daytime Phone #: 813-876-4391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER