2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000001108

Entity Name: MEDSOURCE HOLDINGS, LTD.

FILED Apr 27, 2007 Secretary of State

| Current Principal Place of Business: 4237 HENDERSON BVLD. TAMPA, FL 33629 | | New Principal Place of Business: 4613 N. CLARK AVE. TAMPA, FL 33614 | | |
|---------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| | | | | Current Mailing Address: |
| P.O. BOX 1186 TAMPA, FL 33601 | | | | |
| FEI Number: 59-3312496 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| SOLOMON, STANFORE BARNETT PLAZA, SUIT 101 EAST KENNEDY BL TAMPA, FL 33602 US | E 1818 | | | |
| The above named entity in the State of Florida. | submits this statement for the p | purpose of changing its registered | l office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Age | | ent | Date | |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONL | Y: | |
| Document #: P94000059319 | a a | | | |

Name: REMEDIAL MANAGEMENT CORPORATION

4237 HENDERSON BLVD. Address: Address: 4613 N. CLARK AVE. City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 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. BERGMANN 04/27/2007