

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UBR/3 AI

DOCUMENT # A95000001108



1. Entity Name
MEDSOURCE HOLDINGS, LTD.

FILED
03 FEB 28 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2137 W. MARTIN LUTHER KING
TAMPA FL 33607**

Mailing Address
**P.O. BOX 1186
TAMPA FL 33601**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3312496**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLOMON, STANFORD R
BARNETT PLAZA, SUITE 1818
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

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. 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.

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 FL. 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 # **P94000059319**
NAME **REMEDIAL MANAGEMENT CORPORATION**
STREET ADDRESS **2137 W. MARTIN LUTHER KING BLVD**
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS
CITY-ST-ZIP
800013170258
02/27/03--01076--013 **141.25

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-24-2003
Date

813-826-4391
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE