

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90213 003 \*\*\*\*50.00

**DOCUMENT # L00000000983**

1. Entity Name

USTHERAPEUTICS, L.L.C.



Principal Place of Business

13709 PROGRESS BLVD.  
ALACHUA FL 32615

Mailing Address

13709 PROGRESS BLVD.  
ALACHUA FL 32615

2. Principal Place of Business

13680 NW 104<sup>th</sup> Terrace

3. Mailing Address

13680 NW 104<sup>th</sup> Terrace

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Alachua, FL

City & State

Alachua, FL

Zip

32615

Country

Alachua

Zip

32615

Country

Alachua

6. Name and Address of Current Registered Agent

MEYERS, JAMES L Note new address:  
13709 PROGRESS BLVD 13680 NW 104<sup>th</sup> Terr, Ste C  
ALACHUA FL 32615 Alachua, FL 32615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13680 NW 104<sup>th</sup> Terrace, Suite C

City

Alachua

FL

Zip Code

32615

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

James L. Meyers

*James L. Meyers*

4.8.04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MEYERS, JAMES L	
STREET ADDRESS	13709 PROGRESS BLVD.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*James L. Meyers*

4.8.04 386.418.4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #