


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-30-2004 90059 027 ****50.00

DOCUMENT # L00000013939 1. Entity Name MEDSUP DEVELOPMENT, L.L.C.					
Principal Place of Business MCGREGOR LAKES CENTER 12651 MCGREGOR BLVD., #1-101 FORT MYERS, FL 33919			Mailing Address ROBERT D. ROYSTON, JR P.O. BOX 60205 FORT MYERS, FL 33906		
2. Principal Place of Business 8771 College Pkwy		3. Mailing Address 			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. 			
City & State Ft. Myers, FL		City & State 		4. FEI Number 65-1082730	
Zip 33919		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MERCER, RANDAL L 12651 MCGREGOR BLVD 1-101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		Managing members <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M STOUDER, STANLEY A 12651 MCGREGOR BLVD 1-101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		Managing member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Randal L Mercer</i>				4/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	