Feb 05, 2007 8:00 am 2007 LIMITED LIABILITY COMPANY Secretary of State **ANNUAL REPORT** 02-05-2007 90203 010 ****50.00 DOCUMENT # L00000013939 1. Entity Name MEDSUP DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 60013341 8771 COLLEGE PKWY ROBERT D. ROYSTON, JR **STE 101** P.O. BOX 60205 FORT MYERS, FL 33919 FORT MYERS, FL 33906 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13350 Metro Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LLC CR2E083 (12/06) Suite 102 City & State City & State 4. FEI Number Applied For Fort Myers, FL 65-1082730 Not Applicable ^{Zip}33966 Country Zip \$5.00 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., SUITE 101 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33907 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TIFLE ☐ Delete TITLE ☐ Change ☐ Addition MERCER, RANDAL L NAME NAME STREET ADORESS 8771 COLLEGE PKWY., STE 101 STREET ADDRESS 13350 Metro Parkway, Suite 102 CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP Fort Myers, FL 33966 MGRM TITLE ☐ Delete ☐ Change ☐ Addition STOUDER, STANLEY A NAME NAME STREET ADDRESS 8771 COLLEGE PKWY., STE 101 13350 Metro Parkway, Suite 102 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP Fort Myers, FL 33966 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 recover or trustee appoyed to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Of () 'May

Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORISE

CITY-ST-ZIP

STREET ADDRESS

NAME

DREPRESENTATIVE Date

Daytime Phone #

☐ Change

☐ Addition

FILED