


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90175 048 \*\*\*138.75

<b>DOCUMENT #</b> L00000013939	
1. Entity Name MEDSUP DEVELOPMENT, L.L.C.	

Principal Place of Business 13550 METRO PKWY STE 102 FT MYERS, FL 33966	Mailing Address ROBERT D. ROYSTON, JR P.O. BOX 60205 FORT MYERS, FL 33906
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**60021865**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906	
Suite, Apt. #, etc.		Suite, Apt. #	
City & State		City & State	
Zip	Country	Zip	Country


01162008 Chg-LLC CR2E083 (12/06)

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 Ad JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City Code	
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4. FEI Number 65-1082730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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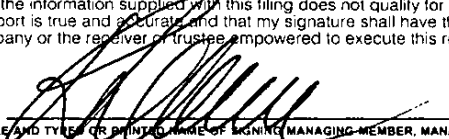
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCER, RANDAL 13350 METRO PKWY STE 102 FT MYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOUDER, STANLEY A 13350 METRO PKWY STE 102 FT MYERS, FL 33966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/2/08** **239 481 3800**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #