

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000013939

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** MEDSUP DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

13550 METRO PKWY  
STE 102  
FT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M WICKER PA  
P.O. BOX 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 65-1082730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WICKER, JOHN M PA  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MERCER, RANDAL L  
**Address:** 13350 METRO PKWY STE 102  
**City-St-Zip:** FT MYERS, FL 33966

**Title:** MGRM  
**Name:** STODER, STANLEY A  
**Address:** 13350 METRO PKWY STE 102  
**City-St-Zip:** FT MYERS, FL 33966

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RANDAL L MERCER

MGRM

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date