2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State
08-04-2004 90074 001 ***100.00

DOCUMENT # L01000013384

1. Entity Name
MEDSOURCE, L.L.C.

Principal Place of Business	Mailing Address
33 N. GARDEN AVE. SUITE ~~190~~ CLEARWATER ~~BEACH~~, FL 33755	33 N. GARDEN AVE. SUITE ~~190~~ CLEARWATER ~~BEACH~~, FL 33755

07072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
33 N. GARDEN AVE.	33 N. GARDEN AVE.
Suite, Apt. #, etc.: SUITE 800	Suite, Apt. #, etc.: SUITE 800
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. FEI Number: 59-3746707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NEEFE, RICHARD J
6739 1ST AVE S
SAINT PETERSBURG, FL 33707

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 ______________________________
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MERCURIS, KOSTA 200 DOLPHIN PT., SUITE 101 CLEARWATER BEACH, FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 33 N. GARDEN AVE. SUITE 800 CLEARWATER, FL 33755
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HALL, TRACY M 240 GEORGIA AVE. CRYSTAL BEACH, FL 34681 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 33 N. GARDEN AVE. SUITE 800 CLEARWATER, FL 33755
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] KOSTA MERCURIS July 9, 2004 (727) 469-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SPECIALIZED MEDICAL RESOURCING

Attachment

medSource SM

L020000021289
L010000013384

July 21, 2004

To Whom It May Concern:

MedSource would like to extend our most sincere apology for the delay in this payment. We here at MedSource are a family owned Company and have suffered the devastating loss of John T. Sullivan, who prepared our taxes. His sudden heart attack left us at a standstill. We are now in the process of recovering from this loss. We hope you accept our apology and know that we are committed to the continued success of our business relationship.

Although we are still reeling from our loss we are working diligently to insure future payments are made in as timely a fashion as you have grown accustomed to.

If you are in need of any further information or have questions please do not hesitate to call me directly at 727-489-4690.

Tracy Sullivan Hall
Managing Member & loving daughter

33 NORTH GARDEN AVE., SUITE 800, CLEARWATER, FL 33755
LOCAL TEL: 727-469-8940 / TOLL FREE TEL: 800-440-1909 / TOLL FREE FAX: 866-206-2900 / www.MedSourceTravelers.com