

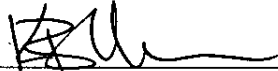


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90074 001 \*\*\*100.00

<b>DOCUMENT # L01000013384</b> 1. Entity Name <b>MEDSOURCE, L.L.C.</b>					
Principal Place of Business <b>33 N. GARDEN AVE. SUITE 490 CLEARWATER BEACH, FL 33755</b>				Mailing Address <b>33 N. GARDEN AVE. SUITE 490 CLEARWATER BEACH, FL 33755</b>	
2. Principal Place of Business <b>33 N. GARDEN AVE.</b>		3. Mailing Address <b>33 N. GARDEN AVE.</b>			
Suite, Apt. #, etc. <b>SUITE 800</b>		Suite, Apt. #, etc. <b>SUITE 800</b>		07072004 Chg-LLC CR2E083 (10/03)	
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>		4. FEI Number <b>59-3746707</b>	
Zip <b>33755</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEEFE, RICHARD J 6739 1ST AVE S SAINT PETERSBURG, FL 33707</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MERCURIS, KOSTA 200 DOLPHIN PT., SUITE 101 CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>33 N. GARDEN AVE. SUITE 800 CLEARWATER, FL 33755</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALL, TRACY M 240 GEORGIA AVE. CRYSTAL BEACH, FL 34681</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>33 N. GARDEN AVE. SUITE 800 CLEARWATER, FL 33755</b>	<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"/> 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
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 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.					
<b>SIGNATURE:</b>  <b>KOSTA MERCURIS</b> <b>July 9, 2004</b> <b>(727) 469-8940</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

SPECIALIZED MEDICAL RESOURCING



Attachment

L02000021289  
L0100001384

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.

---

A handwritten signature in cursive script that reads "Tracy Sullivan Hall".

Tracy Sullivan Hall  
Managing Member & loving daughter