2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000013384

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

FILED
07 MAY -1 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
33 N. GARDEN AVE. SUITE 800 CLEARWATER-BEACH, FL 33755	33 N. GARDEN AVE. SUITE 800 CLEARWATER-BEACH, FL 33755 BK

05012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address BK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip / Country	Zip / Country

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

Amended ASR to $50.00 BK 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 3953 WELLINGTON PARKWAY PALM HARBOR, FL 34767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900101968499 05/09/07--01043--008 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HALL, TRACY M PO BOX 318 / 240 GEORGIA AVE CRYSTAL BEACH, FL 34681	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VIRGINIA J. SULLIVAN 67 BAY WOODS DRIVE SAFETY HARBOR, FL 34695 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Tracy Sullivan-Hall TRACY SULLIVAN-HALL a/k/a Tracy M. Hall as Managing Member May 1, 2007 727-469-8940
(Required) (Typed or printed name of person signing) (Title) (Date) (Telephone Number)