

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90049 009 \*\*\*\*\*50.00

**DOCUMENT # L01000013384**

1. Entity Name

**MEDSOURCE, L.L.C.**



Principal Place of Business

**33 N. GARDEN AVE.  
SUITE 190  
CLEARWATER BEACH FL 33755**

Mailing Address

**33 N. GARDEN AVE.  
SUITE 190  
CLEARWATER BEACH FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3746707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEEFE, RICHARD J**

~~**6104 PALMA DEL MAR BLVD. S.**~~

~~**#301**~~

~~**ST. PETERSBURG FL 33715**~~

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

**6739 1ST AVE S**

City **ST PETERSBURG**

FL

Zip Code **33707**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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 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.

**KOSTA MERCURIS, MANAGING MEMBER**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/26/03**

Date

Daytime Phone #

0017574

CR2E083 (4/03)