


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90027 016 ****50.00

0048046

DOCUMENT # L01000013470	
1. Entity Name MEDICAL DISCOUNT SOLUTIONS, LLC	

Principal Place of Business 2605 THOMAS DR., STE. 218 PANAMA CITY BEACH FL 32408	Mailing Address 2605 THOMAS DR., STE. 218 PANAMA CITY BEACH FL 32408
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10103404



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 5601 Bridge St. Suite, Apt. #, etc. Suite 405 City & State Fort Worth, TX Zip 76112 Country	3. Mailing Address 5601 Bridge St. Suite, Apt. #, etc. Suite 405 City & State Fort Worth, TX Zip 76112 Country
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4. FEI Number 59-3736897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent APPLEBAUM, STEVEN L ESQ. 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, J. CURTIS JR. 2605 THOMAS DR., STE. 218 PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEEHAN, JEFFREY P 2605 THOMAS DR., STE. 218 PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY, JIM 2605 THOMAS DR., STE. 218 PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCREIGHT, JERRY W 2006 BREADLEAF DR ARLINGTON TX 76001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 Bridge St. Ste 405 Fort Worth, TX 76112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 Bridge St. Ste 405 Fort Worth, TX 76112
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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"/> 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.

SIGNATURE: Jerry W. McCreight **SIGNATURE REQUIRED** 5-7-03 (817) 446-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)