

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000015857

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: PATIENTSAFE STRATEGY, L.L.C.

Current Principal Place of Business:

207 SOUTH BAY BLVD.
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 549
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 02-0545820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUGG, JOSPEH WN
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SPENCER, DAVID S
Address: 207 S. BAY BLVD.
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM () Change (X) Addition
Name: SPENCER, CAROLYN M
Address: 207 S. BAY BLVD.
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM () Change (X) Addition
Name: CUNNINGHAM, STEVEN M
Address: 15141 SPRINGVIEW STREET
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID S. SPENCER

MGR

04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date