

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90001 044 \*\*\*\*50.00

**DOCUMENT # L01000015857**

1. Entity Name

**PATIENTSAFE STRATEGY, L.L.C.**



Principal Place of Business

**207 SOUTH BAY BLVD.  
ANNA MARIA FL 34216**

Mailing Address

**P.O. BOX 549  
ANNA MARIA FL 34216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0545820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE **MGR** ☐ Delete  
NAME **SPENCER, DAVID S**  
STREET ADDRESS **207 S. BAY BLVD.**  
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE **MGRM** ☐ Delete  
NAME **SPENCER, CAROLYN M**  
STREET ADDRESS **207 S. BAY BLVD.**  
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE **MGRM** ☐ Delete  
NAME **CUNNINGHAM, STEVEN M**  
STREET ADDRESS **15141 SPRINGVIEW STREET**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Send Another  
Check on  
4/26 # 1055.  
Must have been  
lost. Carolyn M.  
Spencer, PSS*

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: *Carolyn M. Spencer*

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

*9-23-03 9417786019*

Date Daytime Phone #

CR2E083 (4/03)

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