

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018126

1. Entity Name
J C S MEDICAL ASSOCIATES, PLC



Principal Place of Business

28100 US 19 NORTH
SUITE 401
CLEARWATER, FL 33761

Mailing Address

28100 US 19 NORTH
SUITE 401
CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE



02142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3743596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS-SERAG, MAHA
28100 US 19 NORTH
SUITE #401
CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000237994
02/21/05-80077-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SERAG, SHERIF
28100 US 19 NORTH, SUITE 401
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LEWIS-SERAG, MAHA
28100 US 19 NORTH SUITE 401
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #