2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000018126

1. Entity Name
J C S MEDICAL ASSOCIATES, PLC

Principal Place of Business	Mailing Address
28100 US 19 NORTH SUITE 401 CLEARWATER, FL 33761	28100 US 19 NORTH SUITE 401 CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3743598
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

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

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05/21/08-80102-003 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. Serag 4/01/08 (727)637-5342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #