

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90017 008 \*\*\*\*\*50.00

**DOCUMENT #** L01000021936

**1. Entity Name**

XACT MEDICAL DATA SERVICES, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

112 W. DR. ML KENG BLVD.

Suite, Apt. #, etc.

201

City & State

TAMPA, FL

Zip

33603

Country

USA

**3. Mailing Address**

112 W. DR. ML KENG BLVD.

Suite, Apt. #, etc.

201

City & State

TAMPA, FL

Zip

33603

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

80-0005346

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00**

Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

HARRIS, CHARLES M JR.

Street Address (P.O. Box Number is Not Acceptable)

101 E. KENNEDY BLVD., STE. 2600

City

TAMPA

FL

Zip Code

33601

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** SEMON, JODY : SEMON INVESTMENTS, LLC  
**STREET ADDRESS** 2840 WEST BAY DRIVE, #135  
**CITY-ST-ZIP** BELLEAIR BLUFFS, FL 33770

**TITLE** MGR  
**NAME** GUILLOT, EMILE J.  
**STREET ADDRESS** 18307 BITTERN AVE.  
**CITY-ST-ZIP** LUTZ, FL 33549

**TITLE** MGR  
**NAME** FAUERBACH, DONNA M.  
**STREET ADDRESS** 61 MORNINGSIDE ROAD  
**CITY-ST-ZIP** VERONA, NJ 07044

**TITLE** MGR  
**NAME** PLOTTS, JACQUELINE J.  
**STREET ADDRESS** 119 TILMAN BLVD.  
**CITY-ST-ZIP** OAKLAND, NJ 07436

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**CITY-ST-ZIP**

**DO NOT WRITE  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)