MAY-22-2002 13:42 BCGR LLC

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91595 018 ****55.00

DOCUMENT # L02000000200

1. Entity Name

MEDSA, LLC

DO NOT WRITE IN THIS SPACE

$68232

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2. Principal Place of Business	3. Mailing Address
7598 PLAYA RIENTA WAY	SAME AS 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State
Zip: 33446 Country: USA	Zip Country

4. FEI Number: 04-3594152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LOUIS M. SHERWOOD

Street Address (P.O. Box Number is Not Acceptable): 7598 PLAYA RIENTA WAY

City: DELRAY BEACH FL Zip Code: 33446

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT
NAME	LOUIS M. SHERWOOD
STREET ADDRESS	7598 PLAYA RIENTA WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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: Louis M. Sherwood LOUIS M. SHERWOOD 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #