


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000000200**  
 1. Entity Name  
 MEDSA, LLC



Principal Place of Business 7598 PLAYA RIENTA WAY DELRAY BEACH, FL 33446 US	Mailing Address 7598 PLAYA RIENTA WAY DELRAY BEACH, FL 33446 US
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**DO NOT WRITE IN THIS SPACE**



01152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3594152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHERWOOD, LOUIS M  
 7598 PLAYA RIENTA WAY  
 DELRAY BEACH, FL 33446

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERWOOD, LOUIS M 7598 PLAYA RIENTA WAY DELRAY BEACH, FL 33446
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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: Louis M Sherwood 1/15/06 561-865-4495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #