

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003886 1. Entity Name CSI HEALTHCARE, LLC	
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Principal Place of Business 3512 MACLAY BLVD. SOUTH, STE. 102 TALLAHASSEE, FL 32312	Mailing Address 3512 MACLAY BLVD. SOUTH, STE. 102 TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0390542	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARDS, THOMAS H
3512 MACLAY BLVD. SOUTH, STE. 102
TALLAHASSEE, FL 32312

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

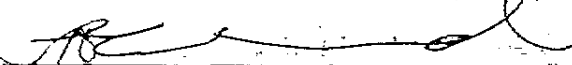
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDWARDS, THOMAS 3515 MACLAY BLVD., SUITE 102 TALLAHASSEE, FL 32312
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04/21/04-80025-009 50.00

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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 _____