



**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # L02000006121</b>				<b>State of Florida</b>	
1. Entity Name <b>NATURE COAST MEDICAL SYSTEMS, LLC</b>		04-11-2005 90047 001 ****50.00			
Principal Place of Business <b>13940 VS 441 BLDG 500 STE 503 LADY LAKE, FL 32159</b>		Mailing Address <b>PO BOX 1746 LADY LAKE LADY LAKE, FL 32158</b>			
2. Principal Place of Business		3. Mailing Address		02232005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>01-0625702</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JONES, WILLIAM S 13940 VS 441 BLDG 500 STE 503 LADY LAKE, FL 32159</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, WILLIAM S 273 SOUTH CANADAY DRIVE INVERNESS, FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	116 Shady Branch Trail Ormond Beach FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, STEPHEN 3040 S CYGNET TERRACE INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EURIBE, CEASER 1400 US HWY 441 NORTH, SUITE 536 THE VILLAGES, FL 32159	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13940 US Hwy 441 - Bldg 500, Ste 503 LADY LAKE FL 32159	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULEY, DEAN T 7708 E ALLEN DRIVE INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ULSETH, ROBERT 131 S. CITRUS AVE. INVERNESS, FL 34451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REICHBACH, JAY 1562 W. ALALONE TERR HERNANDO, FL 34442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____			352-750-5501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		