

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L02000006121**

1. Entity Name  
NATURE COAST MEDICAL SYSTEMS, LLC



Principal Place of Business

13940 VS 441  
BLDG 500 STE 503  
LADY LAKE, FL 32159

Mailing Address

PO BOX 1746  
LADY LAKE  
LADY LAKE, FL 32158



01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0625702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

JONES, WILLIAM S  
13940 VS 441  
BLDG 500 STE 503  
LADY LAKE, FL 32159

**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	MGRM
NAME	JONES, WILLIAM S
STREET ADDRESS	116 SHADY BRANCH TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	EURIBE, CEASER
STREET ADDRESS	13940 US HWY 441 BLDG. 500, STE 503
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	MGRM
NAME	ULSETH, ROBERT
STREET ADDRESS	131 S. CITRUS AVE.
CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #