

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90058 025 \*\*\*\*50.00

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 490210  
LEESBURG, FL 34749-0210



2. Principal Place of Business - No P.O. Box #

2862 W. Main St

Suite, Apt. #, etc.

Building 1

City & State

Leesburg FL

Zip

34748

Country

Lake

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5 Circle Oaks Trail

City

Ormond Beach

FL

Zip Code

32174

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME JONES, WILLIAM S  
STREET ADDRESS 116 SHADY BRANCH TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGRM ☐ Delete  
NAME EURIBE, CEASER  
STREET ADDRESS 13940 US HWY 441 BLDG. 500, STE 503  
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE MGRM ☐ Delete  
NAME ULSETH, ROBERT  
STREET ADDRESS 131 S. CITRUS AVE.  
CITY-ST-ZIP INVERNESS, FL 34451

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5 Circle Oak Trail  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Cesar Euribe

1/3/07

Date

800-778-6623

Daytime Phone #