2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: CREAT EXTENDED OF DRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000006121 Entity Name
 NATURE COAST MEDICAL SYSTEMS, LLC



FILED Jan 10, 2007 8:00 am Secretary of State 01-10-2007 90058 025 ****50.00

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Filling Fee is \$50.00 Make check payable to Florida Department of State 9.	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									
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