

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90123 010 ***138.75

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04032008 Chg-LLC CR2E083 (12/06)

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|--|---|--|---|---|--|
| DOCUMENT # L02000006121 1. Entity Name NATURE COAST MEDICAL SYSTEMS, LLC | | | | | |
| Principal Place of Business 2862 W. MAIN ST BUILDING 1 LEESBURG, FL 34748 | | | Mailing Address PO BOX 490210 LEESBURG, FL 34749-0210 | | |
| 2. Principal Place of Business - No P.O. Box # 2862 W. Main St | | 3. Mailing Address PO Box 490210 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Leesburg FL | | City & State Leesburg FL | | 4. FEI Number 01-0625702 | |
| Zip 34748 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 34749-0210 | | Country USA | | 6. Name and Address of Current Registered Agent JONES, WILLIAM S 5 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174 | |
| 7. Name and Address of New Registered Agent Name Euribe, Cesar Street Address (P.O. Box Number is Not Acceptable) 13940 US HWY 441 Bldg. 500 Ste. 503 City Lady Lake FL Zip Code 32159 | | | | | |
| 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 DATE 4/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete JONES, WILLIAM S 5 CIRCLE OAK TRAIL ORMOND BEACH, FL 32174 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete EURIBE, CEASER 13940 US HWY 441 BLDG. 500, STE 503 LADY LAKE, FL 32159 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete UL'SETH, ROBERT 131 S. CITRUS AVE. INVERNESS, FL 34451 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: Cesar A. Euribe April 10, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |