2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# L02000006121

Entity Name: NATURE COAST MEDICAL SYSTEMS, LLC

Current Principal Place of Business:

2862 W. MAIN ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 490210
LEESBURG, FL 347490210

New Mailing Address:

FEI Number: 01-0625702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EURIBE, CESAR
1503 BUENOS AIRES BLVD.
BUILDING# 150
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JONES, WILLIAM S
Address: 5 CIRCLE OAK TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: EURIBE, CEASER
Address: 1503 BUENOS AIRES BLVD. STE 150
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM
Name: ULSETH, ROBERT
Address: 2685 SW 32ND PLACE, STE 500
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: CESAR EURIBE MGRM 04/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date