

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/1/2

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-01-2003 90023 010 ****50.00

DOCUMENT # L02000006760

1. Entity Name

MEDICAL RECOVERY SERVICES, L.L.C.



Principal Place of Business

**603 INDIAN ROCKS RD.
BELLEAIR FL 33756**

Mailing Address

**603 INDIAN ROCKS RD.
BELLEAIR FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3646625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RUGGLES, THOMAS W ESO
603 INDIAN ROCKS RD.
BELLEAIR FL 33756**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RICHARDS, KRISTENE H**
STREET ADDRESS **1345 W. BAY DR., STE. 101**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/30/03

Date

727 584 1394

Daytime Phone #

CR2E083 (10/02)

attachment

Thomas W. Ruggles, P.A.
Attorney and Counselor at Law
603 Indian Rocks Road
Belleair, FL 33756-2056

55053950
#102000006760

(727) 461-0420

Fax: (727) 461-5655

August 8, 2003

Florida Secretary of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: MEDICAL RECOVERY SERVICES, L.L.C.
REFERENCE NUMBER: L02000006760

Dear Sir or Madam:

In response to your correspondence of August 4, 2003 referenced as above, please find enclosed a completed, corrected 2003 Uniform Business Report by the insertion of the FEI Number.

My apologies for the earlier omission. Please call in the event any additional information is required.

Very truly yours,



THOMAS W. RUGGLES

TWR/ksf

Enclosure

cc: Ms. Kris Richards

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