

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000009659

1. Entity Name
J. BASS MEDICAL, L.L.C.



Principal Place of Business
5261 WESTMINSTER DR.
FORT MYERS, FL 33919 US

Mailing Address
5261 WESTMINSTER DR.
FORT MYERS, FL 33919 US



05012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3645673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRY, HARRY O
2242 MAIN STREET
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BASS, JAMES S
STREET ADDRESS 5261 WESTMINSTER DR.
CITY-ST-ZIP FORT MYERS, FL 339191924

TITLE MGRM
NAME BASS, JEANNIE C
STREET ADDRESS 5261 WESTMINSTER DR.
CITY-ST-ZIP FORT MYERS, FL 339191924

TITLE MGRM
NAME BASS, JENNIFER L
STREET ADDRESS 5261 WESTMINSTER DR.
CITY-ST-ZIP FORT MYERS, FL 339191924

TITLE MGRM
NAME BASS, JEANNIE R
STREET ADDRESS 5261 WESTMINSTER DR.
CITY-ST-ZIP FORT MYERS, FL 339191924

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000562084
05/19/06-80041-017 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #