

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90421 023 \*\*\*\*50.00

DOCUMENT # L03000027200

1. Entity Name

MARS MEDICAL LLC



Principal Place of Business

246 KELTNER COURT 133 CENTER OAK CIRCLE  
SPRING HILL FL 34609

Mailing Address

346 KELTNER COURT P.O. BOX 11378  
SPRING HILL FL 34609  
SHADY HILLS, FL 34610

24045856



MOORE

CR2E083 (11/03)

2. Principal Place of Business

133 CENTER OAK CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 11378  
Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SHADY HILLS FL

4. FEI Number

65-1201161

Applied For

Not Applicable

Zip

34609

Country

Zip

34610

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, M. ANN  
346 KELTNER COURT  
SPRING HILL FL 34609

Name

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

133 CENTER OAK CIRCLE

City

SPRING HILL

FL

Zip Code

34609

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

*M. Ann Reid, Managing Member*

4/13/04

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, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME REID, M. ANN  
STREET ADDRESS 346 KELTNER COURT  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 133 CENTER OAK CIRCLE  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE MGRM ☐ Delete  
NAME LAVI, ABRAHAM  
STREET ADDRESS 345 OLD CURRY HOLLOW RD.  
CITY-ST-ZIP PITTSBURGH PA 15236

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*M. Ann Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/04 352-428-7832

Date

Daytime Phone #