

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037361

FILED
Feb 28, 2005
Secretary of State

Entity Name: SPECIALTY DISEASE MANAGEMENT SERVICES-MS, LLC

Current Principal Place of Business:

3030 HARLTEY RD., STE. 290
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARLTEY RD., STE. 290
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-0263962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, FREDERIC C
3030 HARLTEY RD., STE. 290
JACKSONVILLE, FL 32257 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/MEMBERS:

Title: MGRM () Delete
Name: SPECIALTY DISEASE MA, NAGMENT SERVIC E S, INC.
Address: 3030 HARTLEY ROAD, SUITE 290
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: CHARLES W SMITHERS

MGMR

02/28/2005

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