

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/5/2004-90502-011-\$150.00-\$150.00

DOCUMENT # L03000043848

1. Entity Name

MEDISERV MANAGEMENT LLC



FILED

04 MAY -7 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



MOORE

CR2E083 (11/03)

5/7

Principal Place of Business

1281 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

1281 S. TAMiami TRAIL
SARASOTA FL 34239

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

20-0406610

Applied For

Not Applicable

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

WAGNER, E. JOHN II
200 S. ORANGE AVE.
SARASOTA FL 34236

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 restate)

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 MGR
NAME ROBERT P. DAVIDSON
STREET ADDRESS 1556 EAST BROOK DR
CITY-ST-ZIP Sarasota, FL 34237

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

TITLE MGR
NAME Richard A. Davidson
STREET ADDRESS 1222 Pointe Crisp Road
CITY-ST-ZIP Sarasota, FL 34242

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

TITLE MGR
NAME Craig H. Hollingsworth
STREET ADDRESS 7610 Cove Terrace
CITY-ST-ZIP Sarasota, FL 34231

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

TITLE MGR
NAME Donald P. Dalse
STREET ADDRESS 5726 Clark Road
CITY-ST-ZIP Sarasota, FL 34233

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Richard Dalse RICHARD DAVIDSON 3/1/04 941 365-1515

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

Date

Daytime Phone #

MGR