

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90021 045 ****50.00

DOCUMENT # L03000043848 1. Entity Name MEDISERV MANAGEMENT LLC					
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 5736 Clark Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5736 Clark Rd <small>Suite, Apt. #, etc.</small>			
City & State Sarasota FL <small>Zip</small> 34233 <small>Country</small>		City & State Sarasota FL <small>Zip</small> 34233 <small>Country</small>		4. FEI Number 20-0406610	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 S. ORANGE AVE. SARASOTA, FL 34236				7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM DAVIDSON, ROBERT P 1586 EAST BROOKE DR. SARASOTA, FL 34231	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM DAVIDSON, RICHARD A 1222 POINT CRISP ROAD SARASOTA, FL 34242	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM HOLLINGSWORTH, CRAIG H 7610 COVE TERRACE SARASOTA, FL 34231	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete			
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: 				5/1/06 927-2811 <small>Date Daytime Phone #</small>	