


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000043848 1. Entity Name MEDISERV MANAGEMENT LLC	
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Principal Place of Business 5736 CLARK RD SARASOTA, FL 34233	Mailing Address 5736 CLARK RD SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



04122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0406610	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 S. ORANGE AVE. SARASOTA, FL 34236

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIDSON, ROBERT P 1586 EAST BROOKE DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIDSON, RICHARD A 1222 POINT CRISP ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLINGSWORTH, CRAIG H 7610 COVE TERRACE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/25/07** **941 927-2811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #