

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90123 043 \*\*\*\*50.00

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04262005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000002416</b> 1. Entity Name <b>MEDCERE, LLC</b>																																																																																																																													
Principal Place of Business <b>455 INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770</b>			Mailing Address <b>455 INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770</b>																																																																																																																										
2. Principal Place of Business <b>4906-A Creekside Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>4906-A Creekside Drive</b> Suite, Apt. #, etc.																																																																																																																											
City & State <b>Clearwater, FL</b> Zip <b>33760</b>		City & State <b>Clearwater, FL</b> Zip <b>33760</b>		4. FEI Number <b>33-1080826</b>																																																																																																																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>LECOMPTE, MORRIS A 800 SECOND AVE. SOUTH, STE 380 ST PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																													
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																																																																																																																											
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Chief Executive Officer/Manager</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">William G. Buckles, Jr.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4906-A Creekside Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Clearwater, FL 33760</td> </tr> <tr> <td>TITLE</td> <td>President/Manager</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">Thomas Hooten</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4906-A Creekside Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Clearwater, FL 33760</td> </tr> <tr> <td>TITLE</td> <td>EVP Business Develop/Manager</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">Timothy Landt</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4906-A Creekside Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Clearwater, FL 33760</td> </tr> <tr> <td>TITLE</td> <td>Manager</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">Michael Barody</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4906-A Creekside Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Clearwater, FL 33760</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	Chief Executive Officer/Manager	<input type="checkbox"/> Delete	NAME	William G. Buckles, Jr.		STREET ADDRESS	4906-A Creekside Drive		CITY-ST-ZIP	Clearwater, FL 33760		TITLE	President/Manager	<input type="checkbox"/> Delete	NAME	Thomas Hooten		STREET ADDRESS	4906-A Creekside Drive		CITY-ST-ZIP	Clearwater, FL 33760		TITLE	EVP Business Develop/Manager	<input type="checkbox"/> Delete	NAME	Timothy Landt		STREET ADDRESS	4906-A Creekside Drive		CITY-ST-ZIP	Clearwater, FL 33760		TITLE	Manager	<input type="checkbox"/> Delete	NAME	Michael Barody		STREET ADDRESS	4906-A Creekside Drive		CITY-ST-ZIP	Clearwater, FL 33760		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																													
<b>SIGNATURE:</b> <b>William G. Buckles, Jr.</b> 4/26/2005 (727) 573-1233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																													