

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90021 050 ***138.75

DOCUMENT # L04000002590

1. Entity Name
MD MEDSCRIPTS, LLC



Principal Place of Business
5701 S.W. 134 AVENUE
SOUTHWEST RANCHES, FL 33330 US

Mailing Address
5701 S.W. 134 AVENUE
SOUTHWEST RANCHES, FL 33330 US

60000525



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0222927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAKE, MARK T
914 POINCIANA LANE
WINTER PARK, FL 32789

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SERAYDAR, CHARLIE
STREET ADDRESS	5701 S.W. 134 AVENUE
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330
TITLE	MGR
NAME	BLAKE, MARK MGR
STREET ADDRESS	914 POINCIANA LANE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

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

Date

Daytime Phone #

Charles Seraydar **CHARLIE SERAYDAR** 1/7/2008 305-725-7935