

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012490

Entity Name: MEDCORP, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

9216 PALM RIVER DR, STE 202
TAMPA, FL 33619

New Principal Place of Business:

9216 PALM RIVER ROAD
SUITE 202
TAMPA, FL 33619

Current Mailing Address:

9216 PALM RIVER DR, STE 202
TAMPA, FL 33619

New Mailing Address:

9216 PALM RIVER ROAD
SUITE 202
TAMPA, FL 33619

FEI Number: 20-0749547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMER, MICHAEL
9216 PALM RIVER DR, STE 202
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

ASMER, MICHAEL
9216 PALM RIVER ROAD
SUITE 202
TAMPA, FL 33619 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ASMER, MICHAEL
Address: 9216 PALM RIVER RD, SUITE 202
City-St-Zip: TAMPA, FL 33619

Title: MGR () Change (X) Addition
Name: ASMER, PAUL
Address: 9216 PALM RIVER RD, SUITE 202
City-St-Zip: TAMPA, FL 33619

Title: MGR () Change (X) Addition
Name: BOYD, JAMES
Address: 9216 PALM RIVER RD, SUITE 202
City-St-Zip: TAMPA, FL 33619

Title: MGR () Change (X) Addition
Name: MUNYON, CHRISTOPHER
Address: 9216 PALM RIVER RD, SUITE 202
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER MUNYON

CFO

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date