


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90019 031 ****50.00

DOCUMENT # L04000017429 1. Entity Name BRYANT MEDICAL SYSTEMS, LLC					
Principal Place of Business 6637 IOSA DRIVE JACKSONVILLE, FL 32277			Mailing Address 6637 IOSA DRIVE JACKSONVILLE, FL 32277		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country Duval		Zip	
Country Duval		Zip		Country Duval	
6. Name and Address of Current Registered Agent MEBANE, REGINA E RHIA 6637 IOSA DRIVE JACKSONVILLE, FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Regina E Mebane</i></u> DATE <u><i>Apr. 28, 2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGINA BRYANT MEBANE, RHIA 6637 IOSA DRIVE JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEBANE, WILLIAM G 6637 IOSA DRIVE JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE: <u><i>Regina E Mebane</i></u> <u><i>Regina E Mebane</i></u> <u><i>4/8/05</i></u> <u><i>(904) 762-0772</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number **56-2331324** Applied For
Not Applicable

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