

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074259

FILED
Mar 20, 2007
Secretary of State

Entity Name: MEDICAL DOCUMENTATION SYSTEMS, LLC

Current Principal Place of Business:

900 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

900 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-1813436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: JACKSON, RICK
Address: 900 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

Title: PT () Delete
Name: HELSEL, JOHN
Address: 900 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

Title: VPS () Delete
Name: PARKER, SHELBY
Address: 4875 CASON COVE
City-St-Zip: ORLANDO, FL 32881

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN HELSEL

PRES

03/20/2007

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