

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041351

Entity Name: PSC-F MEDICAL, LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

4930 NASSAU STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4930 NASSAU STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-2748639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIPPE, AMY JO
4930 NASSAU STREET
TAMPA, FL 33609 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: MGRM () Delete
Name: LIPPE, MICHAEL S
Address: 4930 NASSAU STREET
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: LIPPE, AMY JO
Address: 4930 NASSAU STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

Title: CEO (X) Change () Addition
Name: LIPPE, AMY JO
Address: 4930 NASSAU STREET
City-St-Zip: TAMPA, FL 33609

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: DAWN HILTON

MNGR

04/21/2006

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