

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101866

Entity Name: MEDCERE, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

4906-A CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

4906-A CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 20-3683746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH, SUITE 380
ST. PETERSBURG, FL 33701 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: () 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: BUCKLES, WILLIAM G CEO
Address: 4906 A CREEKSIDE DR.
City-St-Zip: CLEARWATER, FL 33760

Title: MGR () Change (X) Addition
Name: HOOTEN, THOMAS PRES
Address: 4906 A CREEKSIDE DR.
City-St-Zip: CLEARWATER, FL 33760

Title: MGR () Change (X) Addition
Name: LANDT, TIM L
Address: 4906 A CREEKSIDE DR.
City-St-Zip: CLEARWATER, FL 33760

Title: MGR () Change (X) Addition
Name: BARODY, MICHAEL
Address: 4906 A CREEKSIDE DR.
City-St-Zip: CLEARWATER, FL 33760

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: WILLIAM G. BUCKLES

MGR

05/01/2006

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