

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90335 043 ****50.00

DOCUMENT # L05000101866

1. Entity Name
MEDCERE, LLC



Principal Place of Business
**4906-A CREEKSIDE DRIVE
CLEARWATER, FL 33760**

Mailing Address
**4906-A CREEKSIDE DRIVE
CLEARWATER, FL 33760**

60047532



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3683746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH, SUITE 380
ST. PETERSBURG, FL 33701**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME **BUCKLES, WILLIAM G CEO**
STREET ADDRESS **4906 A CREEKSIDE DR.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE MGR ☐ Delete
NAME **HOOTEN, THOMAS PRES**
STREET ADDRESS **4906 A CREEKSIDE DR.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE MGR ☐ Delete
NAME **LANDT, TIM L**
STREET ADDRESS **4906 A CREEKSIDE DR.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE MGR ☐ Delete
NAME **BARODY, MICHAEL**
STREET ADDRESS **4906 A CREEKSIDE DR.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **BUCKLES, WILLIAM G JR CEO**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **HOOTEN, THOMAS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR BERNASEK, THOMAS**
STREET ADDRESS **5820 MARINEA ST**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William Buckles
William Buckles

Date

04/30/07

Daytime Phone #

727 573 1233