

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113395

FILED
Aug 16, 2007
Secretary of State

Entity Name: GENESIS MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

7015 S SHAMROCK STREET
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

P O BOX 7515
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 20-3770259 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
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:

SERRA, MARK C
600 BYPASS DRIVE
STE 109
CLEARWATER, FL 33764 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: WILLIAMS, ERIC M
Address: 7015 S SHAMROCK STREET
City-St-Zip: TAMPA, FL 33616 US

Title: MGRM () Delete
Name: SERRA, MARK C
Address: 600 BYPASS DRIVE STE109
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES:

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 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: MARK C. SERRA

MGRM

08/16/2007

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