

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L06000026015<br>1. Entity Name<br><b>MEDICAL SOFTWARE DEVELOPMENT GROUP LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4851 TAMIAMI TRAIL NORTH<br/>         300<br/>         NAPLES, FL 34103</b> | Mailing Address<br><b>4851 TAMIAMI TRAIL NORTH<br/>         300<br/>         NAPLES, FL 34103</b> |
|---|---|

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01102008 No Chg-LLC      CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**LIEVENSE, KARL  
 4851 TAMIAMI TRAIL NORTH  
 300  
 NAPLES, FL 34103**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000782162  
 01/15/08-80061-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LIEVENSE, KARL<br>4851 TAMIAMI TRAIL NORTH<br>NAPLES, FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MARTIN, JAMES<br>4851 TAMIAMI TRAIL NORTH<br>NAPLES, FL 34103  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SCOTT, ROBERT<br>4851 TAMIAMI TRAIL NORTH<br>NAPLES, FL 34103  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** Karl Lievens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #