

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026015

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: MEDICAL SOFTWARE DEVELOPMENT GROUP LLC

## Current Principal Place of Business:

4851 TAMIAMI TRAIL NORTH  
300  
NAPLES, FL 34103

## New Principal Place of Business:

4851 TAMIAMI TRAIL NORTH  
302  
NAPLES, FL 34103

## Current Mailing Address:

4851 TAMIAMI TRAIL NORTH  
300  
NAPLES, FL 34103

## New Mailing Address:

4851 TAMIAMI TRAIL NORTH  
302  
NAPLES, FL 34103

FEI Number: 90-0315478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LIEVENSE, KARL  
4851 TAMIAMI TRAIL NORTH  
302  
NAPLES, FL 34103 US

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: KARL LIEVENSE

01/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LIEVENSE, KARL  
Address: 4851 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: MARTIN, JAMES  
Address: 4851 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: SCOTT, ROBERT  
Address: 4851 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LIEVENSE, KARL  
Address: 4851 TAMIAMI TRAIL NORTH #302  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM (X) Change ( ) Addition  
Name: MARTIN, JAMES  
Address: 4851 TAMIAMI TRAIL NORTH #302  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM (X) Change ( ) Addition  
Name: SCOTT, ROBERT  
Address: 4851 TAMIAMI TRAIL NORTH #302  
City-St-Zip: NAPLES, FL 34103 US

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: KARL LIEVENSE

MGRM

01/06/2009

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