

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90011 025 \*\*\*\*50.00

**DOCUMENT # L97000001286**



Entity Name  
**DISC OF FLORIDA, L.C.**

Principal Place of Business  
**8475 WESTERN WAY  
JACKSONVILLE, FL 32256**

Mailing Address  
**8475 WESTERN WAY  
JACKSONVILLE, FL 32256**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 150**

Suite, Apt. #, etc.  
**SUITE 150**

04162004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**59-3479218**

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

7. Name and Address of New Registered Agent

**LINDELL, MICHAEL J  
12276 SAN JOSE BLVD  
STE 126  
JACKSONVILLE, FL 32223**

Name  
**DOUGLAS PULLEN**  
Street Address (P.O. Box Number is Not Acceptable)

**8475 WESTERN WAY STE 150**  
City **JACKSONVILLE FL** Zip Code **32256**

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, 2004**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TATUM, W. JOSEPH  
8475 WESTERN WAY STE 150  
JACKSONVILLE, FL 32256** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
QUALITY RESPONSE SERVICES, INC,  
8475 WESTERN WAY STE 150  
JACKSONVILLE, FL 32256** ☐ Delete

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

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #