

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 13 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/4/14

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000001375

MEDAGEN, L.C.
C/O JOSEPH N. KIEFER
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

1a. Principal Place of Business Address

C/O JOSEPH N. KIEFER
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

12/09/1997

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

N/A

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

O'NEIL, DAVID J
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

000002490520--0

-04/16/98--01050--014

****188.75 ****188.75

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR O'NEIL, DAVID J

1395 SOUTH PINELLAS AVENUE

TARPON SPRINGS FL

MGR CARSON, THOMAS E DR.

1259 SOUTH PINELLAS AVENUE

TARPON SPRINGS FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: David J. O'Neil David J. O'Neil

4/3/98 (813) 942-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #