

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002699

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** GULF COAST SECURITY AND SOUND, L.C.

**Current Principal Place of Business:**

209 STATE STREET  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

209 STATE STREET  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 59-3543203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FONTES, DAVID A  
209 STATE STREET  
OLDSMAR, FL 34677 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: UNITED MED INVESTMEN, TS, INC.  
Address: 209 STATE STREET  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: GULF COAST MEDICAL,, INC.  
Address: 209 STATE STREET  
City-St-Zip: OLDSMAR, FL 34677

**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 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 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: GULF COAST MEDICAL

MGRM

04/27/2004

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