


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90120 036 \*\*\*\*50.00

<b>DOCUMENT # L99000000558</b> 1. Entity Name MSDI, LLC	
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Principal Place of Business 800 WINTERS CREEK ROAD PALM CITY, FL 34990	Mailing Address 800 WINTERS CREEK ROAD PALM CITY, FL 34990
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**DO NOT WRITE IN THIS SPACE**

03112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0900738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GALLANT, MILTON M.D. 800 WINTERS CREEK ROAD PALM CITY, FL 34990
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**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLANT, MILTON M.D. 800 WINTERS CREEK ROAD PALM CITY, FL 34990
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11. 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 608, Florida Statutes.

**SIGNATURE:** Milton Gallant M.D. 4/16/05 772.336.5207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #