2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000000610

1. Entity Name MEISINGER USA, LLC

Principal Place of Business 12276 SAN JOSE BLVD.

SUITE 110 JACKSONVILLE, FL 32223 Mailing Address

12276 SAN JOSE BLVD. SUITE 110

IACKSONVILLE, FL 32223

FILED Apr 07, 2004 08:00 AM Secretary of State



02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 60-000290	•	Applied For Not Applicable	
5. Certificate of Status Desired	<u> </u>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KENNEY, THERESA MARIE ESQ. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257

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		IN THIS SPA	IN THIS SPACE		
	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florid	a. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title ill applicable.	(NOTE. Registered Agent signature required when (einstatung)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2004	1,000,001 1,007,004 1,007,004	05929 0046-002 50.00		
9. TITLE	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, ALEXANDER 214 EDGEWATER BRANCH DRIVE JACKSONVILLE, FL 32259				
title name street address city-st-zip					
TITLE NAME STREET ADDRESS CRY+ST-ZIP		DO NOT WE	RITE		
TITLE NAME SIPEET ADDRESS CITY-ST-ZIP		IN THIS SPA	/CE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TRILE NAME STREET ADDRESS					

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. If writher 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: * OUD TO VON

March 8, 2004

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

Daytime Phone #