

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000001250

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: MIDWEST MEDICAL SERVICES, L.L.C.

**Current Principal Place of Business:**

911 HARMON STREET  
DANILLE, IL 61832

**New Principal Place of Business:**

4280 BLUE STEM ROAD  
CHARLESTON, IL 61920

**Current Mailing Address:**

911 HARMON STREET  
DANILLE, IL 61832

**New Mailing Address:**

4280 BLUE STEM ROAD  
CHARLESTON, IL 61920

FEI Number: 37-1392619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE, FL 32311 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: MGR ( ) Delete  
Name: BUENTING, PAUL A  
Address: 911 HARMON STREET  
City-St-Zip: DANILLE, IL 61832

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BUENTING, PAUL A  
Address: 109 S WEST STREET  
City-St-Zip: GIFFORD, IL 61847

Title: MGRM ( ) Change (X) Addition  
Name: DIEL, GEORGE F  
Address: 401 N MERIDIAN  
City-St-Zip: TOLEDO, IL 62468

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: GEORGE F. DIEL

MGRM

04/29/2003

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