

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000117

**FILED**  
**Apr 03, 2005**  
**Secretary of State**

**Entity Name:** THE VILLAGES MEDICAL SERVICES, L.L.C.

**Current Principal Place of Business:**

1100 MAIN STREET  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1100 MAIN STREET  
THE VILLAGES, FL 32159

**New Mailing Address:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

**FEI Number:** 59-3497622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROY, STEVE M ESQ  
976 DEL MAR DRIVE  
THE VILLAGES, FL 32159 US

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

ROY, STEVE M ESQ  
1028 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162 US

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:**

04/03/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: UPTON, TERRY R  
Address: 1100 MAIN STREET  
City-St-Zip: THE VILLAGES, FL 32159

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: UPTON, TERRY R  
Address: 1020 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

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:** TERRY R. UPTON

MGR

04/03/2005

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