

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003158

FILED
Apr 26, 2006
Secretary of State

Entity Name: NATION MEDICAL SUPPLY, LLC

Current Principal Place of Business:

7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 05-0551214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZYLBERBERG, CLAUDIA
7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487 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/MANAGERS:

Title: MGRM () Delete
Name: ZYLBERBERG, CLAUDIA
Address: 7700 CONGRESS AVE., SUITE 2106
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: SUAREZ, SONIA I
Address: 7700 CONGRESS AVE., SUITE 2106
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: SMUKLER, ROBERT
Address: 7700 CONGRESS AVE., SUITE 2106
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: CLAUDIA ZYLBERBERG MGRM 04/26/2006

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