


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State


01-19-2007 90064 050 ****50.00

DOCUMENT # L03000003158
 1. Entity Name
NATION MEDICAL SUPPLY, LLC



Principal Place of Business 7700 CONGRESS AVE. SUITE 2106 BOCA RATON, FL 33487	Mailing Address 7700 CONGRESS AVE. SUITE 2106 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0551214	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee Is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZYLBERBERG, CLAUDIA 7700 CONGRESS AVE., SUITE 2106 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUAREZ, SONIA I 7700 CONGRESS AVE., SUITE 2106 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMUKLER, ROBERT 7700 CONGRESS AVE., SUITE 2106 BOCA RATON, FL 33487
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **01/16/07** **861-929-3655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #