

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028658

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** MED TRANS MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

8180 NW 36 STREET  
100  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

612 SW 156 AVENUE  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

**FEI Number:** 26-2244067      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROBLEDO, ANTHONY  
8180 NW 36 STREET  
100  
MIAMI, FL 33166 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: MORENO, JUAN CARLOS  
Address: 912 SW 156 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM ( ) Delete  
Name: TORRES, LUIS  
Address: 8225 NW 30 TERRACE  
City-St-Zip: MIAMI, FL 33122 US

**ADDITIONS/CHANGES:**

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 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: JUAN CARLOS MORENO

MGRM

05/01/2009

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