

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080016

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** VETERANS MEDICAL EQUIPMENT SALES, LLC

**Current Principal Place of Business:**

1739 BROOKVIEW CIRCLE  
BLOOMFIELD HILLS, MI 48304

**New Principal Place of Business:**

**Current Mailing Address:**

1739 BROOKVIEW CIRCLE  
BLOOMFIELD HILLS, MI 48304

**New Mailing Address:**

FEI Number: 26-0675145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

INGOGLIA, RICHARD P  
2348 UNITY TERRACE  
THE VILLAGES, FL 32162 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  
Name: INGOGLIA, RICHARD P  
Address: 1739 BROOKVIEW CIRCLE  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: MGR  
Name: THOMAS, DAVE  
Address: 103 HENNING COURT  
City-St-Zip: SIMPSONVILLE, SC 29681

I hereby 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: RICHARD P. INGOGLIA

CFO

04/20/2011

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