

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065549

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA BIOMEDICAL EQUIPMENT SUPPLY AND MAINTENANCE SERVICES LLC

**Current Principal Place of Business:**

1135 NW 23RD AVE.  
SUITE Q  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

1135 NW 23RD AVE.  
SUITE Q  
GAINESVILLE, FL 32609 US

**New Mailing Address:**

**FEI Number:** 26-0515631      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KELLY, CHARLES L SR.  
4830 NE 3RD PLACE  
GAINESVILLE, FL 32641 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:** KELLY, CHARLES L SR.  
**Address:** 1135 NW 23RD AVE.  
**City-St-Zip:** GAINESVILLE, FL 32609 US

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: CHARLES L. KELLY SR.      MR.      04/18/2012

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