


REKT

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004412							
1. Entity Name SOUTH POINT MEDICAL SUPPLY, LLC							
Principal Place of Business 101 SUNNYSIDE ROAD, SUITE 201 CASSELBERRY, FL 32707			Mailing Address 101 SUNNYSIDE ROAD, SUITE 201 CASSELBERRY, FL 32707				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 41-2160838			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KRYSTOPOWICZ, WILLIAM		NAME				
STREET ADDRESS	101 SUNNYTOWN ROAD SUITE 201		STREET ADDRESS	1100077475086			
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	04/04/06-80046-021 50.00			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>William Krystopowicz</i>			Date: 1-25-06		Daytime Phone #: (404) 574-2032		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							