# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2006**
**Secretary of State**

DOCUMENT# L05000097317

**Entity Name:** UNIVERSAL MEDICAL WHOLESALE EQUIPMENT, LLC

**Current Principal Place of Business:**

10073 CUSTER CIR
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10073 CUSTER CIR
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number: 20-3575935** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: CRUZ, CLAUDIA S
Address: 10073 CUSTER CIR
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete
Name: ROSAS, RICARDO
Address: 4425 MCINTOSH PARK DR.,SUITE 406
City-St-Zip: SARASOTA, FL 34232

**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 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: CLAUDIA S. CRUZ PRES 04/13/2006

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