

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000460

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FIRST CHOICE MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

2155-1 NORTH ELLIS ROAD  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

127 INTERSTATE DRIVE  
RICHLAND, MS 39218

**New Mailing Address:**

**FEI Number:** 48-1262424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREER, JEREMY  
2155-1 NORTH ELLIS ROAD  
JACKSONVILLE, FL 32254 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:** MGR  
**Name:** EDWARDS, GUY  
**Address:** 127 INTERSTATE DRIVE  
**City-St-Zip:** RICHLAND, MS 39218

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: GUY EDWARDS

CEO

01/05/2011

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