

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004412

**FILED
Jan 30, 2013
Secretary of State
CC2438583909**

Entity Name: SOUTH POINT MEDICAL SUPPLY, LLC

Current Principal Place of Business:

101 SUNNYTOWN ROAD
SUITE 201
CASSELBERRY, FL 32707

Current Mailing Address:

5887 GLENRIDGE DRIVE NE
SUITE 150
ATLANTA, GA 30328

FEI Number: 41-2160838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	NOTERMANN, JOHN J	Name	CRONQUIST, R. MARK
Address	5887 GLENRIDGE DRIVE NE SUITE 150	Address	5887 GLENRIDGE DRIVE NE SUITE 150
City-State-Zip:	ATLANTA GA 30328	City-State-Zip:	ATLANTA GA 30328

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R. MARK CRONQUIST

MANAGER

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date