


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A33208	
1. Entity Name	
FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY, LTD.	

Principal Place of Business	Mailing Address
260 POINCIANA DRIVE INDIAN HARBOUR BEACH FL 32937	260 POINCIANA DRIVE INDIAN HARBOUR BEACH FL 32937



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number		Applied For	
59-3088014		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEARE, J L 260 POINCIANA DRIVE INDIAN HARBOR BEACH FL 32937		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** _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S79094	STREET ADDRESS	
NAME	FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY,	CITY- ST- ZIP	000000692144
STREET ADDRESS	260 POINCIANA DRIVE		04/13/07-80040-001 500.00
CITY- ST- ZIP	INDIAN HARBOR BCH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: J. L. Weare **J.L. WEARE, PRES.**
of GENERAL PARTNER March 27, 2007 321-777-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE